中医药治疗糖尿病新进展

——首届糖尿病(消渴病)国际学术会议论文集

PROCEEDING OF TREATMENT OF DIABETES MELLITUS WITH TRADITIONAL CHINESE MEDICINE

Thesis Selection of the First International Conference on Diabetes Mellitus (Xiao Ke Disease) of TCM



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内 容 提 要

本书收集了中外学者在中国中医药学会首届糖尿病（消渴病）国际学术会议上进行交流的论文254篇，反映了当前中医药研究和治疗糖尿病（消渴病）的最新进展。论文中英文对照，涉及糖尿病及其并发症的临床研究、治疗经验、实验研究、文献综述、食疗、针灸、气功、体疗及教育与护理等，是了解中医药治疗糖尿病最新信息与动向的重要参考书。

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——首届糖尿病（消渴病）国际学术会议论文集
中国中医药学会编
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中国中医药学会《中医药治疗糖尿病新进展》编委会

前　言

糖尿病是全球性日益突出的卫生保健问题。据估计，全世界约有1.2亿患者，其中许多病人因早期防治不当，合并心、脑、肾、眼、神经、皮肤等慢性病变甚多，已成为致死、致残的主要原因，严重威胁着病人的健康。世界各国每年耗费巨资对该病进行防治研究，但尚乏有效的措施。

中国传统医学早在数千年前就有糖尿病（消渴病）及其并发症的记载，长期的医疗实践积累了极为丰富的诊治经验。近年来，中国中医药、中西医结合学界在糖尿病及其并发症防治研究方面取得了不少成就。为促进中医药防治糖尿病研究的国际交流合作，充分发挥中医药优势，减少糖尿病并发症的致死、致残率，使世界各国糖尿病患者得到较好的保健治疗，中国中医药学会举办了首届糖尿病（消渴病）国际学术会议。大会收到来自中国、日本、韩国、法国、台湾、香港等国家和地区的论文300余篇，本书仅收集了在大会上进行宣读交流的论文摘要及部分全文。论文内容涉及糖尿病的临床研究、治疗经验、实验研究、文献综述、并发症的治疗、食疗、针灸、气功、体疗及糖尿病的教育及护理，反映了国内外中医药理论研究和临床防治糖尿病的新进展。

由于时间仓促，编译与印刷中可能会有一些错误，祈望鉴谅。

中国中医药学会《中医药治疗糖尿病新进展》

编　委　会

1994年10月

INTRODUCTION

Diabetes Mellitus is now becoming a more and more serious problem threatening the human health. It is predicted that there are 120 million of diabetics now, and a large number of them are suffering from its chronic complications of heart, brain, kidney, eyes, nerve and skin. The disease is now a main cause leading to the people's death and disability. Lots of money has been paid on the prevention, treatment and research of the disease, but there is still lack of satisfactory therapy.

Traditional Chinese Medicine recorded Diabetes (Xiao Ke Disease) and its complications as early as several thousand years ago. Plentyof experience of diagnosing and treating Diabetes has beenaccumulated through a long term of practice. In recent years, Traditional Chinese Medicine and Pharmacy, combination of Chineseand Western Medicine have acquired lots of achievement in theresearch of preventing and treating Diabetes especially it 'scomplications. We hold this international conference in order topromote the international communication and cooperation in theresearch of preventing and treating Diabetes with TCM, to fullyenhance the advantage of TCM in reducing the fatality rate ofDiabetes, to offer better treatment and health care to the Diabeticsall over the world. The conference has received about 300 thesisesfrom China (including Taiwan Province) , Japan, Korea, France andHongkong. This book has only collected the abstracts presented in themeeting and part of the whole articles. The content has associated-with the clinical and experimental research, literature review, treatment of complications, dietary therapy, acupuncture andmoxibustion, Qigong, physical therapy, education and nursing. It hasrepresented the new development of theoretical and clinical researchof Diabetes with TCM all over the world.

Many thanks for the enthusiastic participation of scholars andexperts!

Oct. 1994

祝賀
首届消渴病（糖尿病）国际学术会议召开

交流经验加强友好為人类健康作貢献

崔月犁
一九九〇年九月



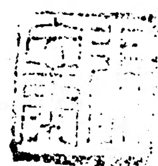
原卫生部部长、中国中医药学会会长崔月犁先生题词

促進國际学术交流
弘揚中医中药事业

賀首屆消渴病
國际学术会議

張文康

一九九四年十月



卫生部副部长、国家中医药管理局局长张文康先生题词

继承發揚中國傳
统医学提高糖尿
病防治水平

董建華



全国人大常务委员会委员董建华教授题词

文園病渴古今傳早曉原
因八百年此日仍稱难治
病活人吾國有遺篇

首屆消渴病國际学术交流會之慶

一九、四年十月 劉志明



全国政协委员、中国中医药学会副会长刘志明教授题词

繼承和发揚中医特色、為
治療糖尿病作新貢獻！



糖尿病學術會议論文集

甲戌中秋 王綿之題於北京



全国政协委员、中国中医药学会副会长王绵之教授题词

祝首届国际糖尿病学术會議召開

弘揚中醫藥學加强國際

學術交流為防治糖尿病

而團結合作做出貢献

中國中醫研究院路志正



甲戌
仲秋

全国政协委员路志正教授题词

仁心仁術
爲國爲民

祝諶予
一九九四、九月、
年方八十

北京市政协副主席、中国中西医结合研究会顾问祝谌予教授题词

為糖尿病人的
長壽健康奮鬥

吕仁和 甲戌年
九.八

中国中医药学会糖尿病专业委员会主任委员、首届糖尿病(消渴病)国际学术会议执行主席吕仁和教授题词

目　录

CONENTS

治疗糖尿病经验

北京协和医院　祝谌予

糖尿病是一种慢性进行性内分泌代谢病。早期控制不好，进而发展，易出现神经、血管、眼睛、皮肤、心、脑、肾等并发症。

糖尿病早期。轻者只控制和调整饮食常能有效，若效果不明显可加用西药治疗，病情较重者可服用中药治疗，但一定要辨证论治。

临床实践证明，在治疗糖尿病时，应按症状分为以下五型：

①气阴两虚型：症见“三多”（多食、多尿、多饮），两少（乏力、消瘦）。患者抵抗力弱，易患感冒等。治以益气养阴。

②燥热入血型：症见“三多”或口干而不能多饮，自感燥热，身痒，或有牙龈肿痛，疮疖频生等。本证常同时有气阴两虚，故以清热凉血兼益气养阴为治。

③阴虚火旺型：除“三多”症状外，常有心烦、多梦、大便干结，时有烘热感。常以滋阴降火为治。

④瘀血型：口干不思饮水。口唇舌暗，身有刺痛，位置固定，夜间加重等。治以活血化瘀。

⑤阴阳俱虚型：多见于晚期糖尿病人。常无“三多”症状；但有口干、畏寒、浮肿、肢痛、麻木、腰酸腿软，男子阳萎，或有眼底病变，甚至失明。治以阴阳双补。

若两型并见，则可两型并治。

Experience on Treating Diabetes with TCM

Zhu Shenyu
Beijing Union Medical College Hospital

Diabetes is a chronically progressive metabolic endocrino pathy. If it is not controlled in early stage, it will progress, the complications of nerve, vascular, eyes, skin, heart, brain, kidneys would develop easily.

Early stage, the mild patients can be controlled by dietary restriction. If the effect is not well, it is necessary for taking the Western medicine. According to the theory of diagnosis and treatment based on an overall analysis of signs and symptoms, the serious patients can be treated by herbs.

The practice have proved that the diabetes can be devided into five types according to the symptoms.

1. Deficiency of both qi and yin:

The symptoms are polyphagia, polydipsia, polyuria, fatigue and emaciation, the resistance of patients reduces and he may get a cold easily. The treatment should be aimed at invigorating qi and nourishing yin.

2. Dryness—heat in the blood:

The symptoms are polyphagia, polydipsia, polyuria, or dry mouth but don't want to

drink more. dryness -heat sensation, itchy or swollen and painfull gum, the furuncle present. The type often accompanied with the deficiency of both qi and yin. The treatment should be aimed at clearing away heat and nourishing blood accompanied with supplementing qi and nourishing yin.

3. Syndrome of hyperactivity of fire due to yin deficiency:

The symptoms are polyphagia, polydipsia, polyuria, irritability, dreaminess, dry stools. paroxysmal feverishness. It is advisable to aim the treatment at nourishing yin and purging pathogenic fire.

4. Blood stasis:

The symptoms present dry mouth but undesired for drink, dark coloured lips and tongue, stabbing pain with a fixed region in the body, aggravated in the night. It is advisable to aim the treatment at promoting blood circulation to remove blood stasis.

5. Deficiency of yin and yang:

The later stage show the symptoms. The symptoms are dry mouth, aversion to cold. edema, pain in the limb, numb, lassitude in the loins and legs, impotence in male patients or diseases of ocular fundus, even blindness but there are not polyphagia, polydipsia and polyuria. The treatment should be aimed at tonifying both yin and yang.

If the two types present, both of the treatmemts to each type should be done at the same time.

病、证、症的概念与消渴病及消渴

中国中医研究院广安门医院　路志正
北京中医药大学东直门医院　吕仁和　戴京璋　高彦斌　冯兴中

一、病：即疾病。广义之病是一切疾病之统称；狭义之病是指一种病，应具有特定的病因、病机、病理、症状、证型或和证候，有其自身的发生、发展、转化和预后规律。

二、证：分为证型（型是模式，可变性较小）和证候，都是疾病过程中不同阶段和层次所表现的综合性特征。可以据此立法、处方、选药。临床所见虚证可变性小，所以可据虚定证型，据实定证候，有利于深化临床研究。供大家参考。

三、症：包括主客观症状，是诊断疾病的线索或主要依据；是确定证型和证候的依据。症状的出现有心理和生理两方面的因素，临床应全面了解，综合分析。

四、消渴病：隋甄立言云："消渴病有三，一渴而饮水多，小便数，无脂似麸片甜者，皆是消渴病也。"还有"消中病"、"肾消病"等，都为消渴病的并发症，极似糖尿病（DM）。

五、消渴：《内经》论：消渴由脾瘅转来，出现并发症后又称消瘅。脾瘅、消渴、消瘅是消渴病发生、发展、转化的三个阶段。脾瘅为一期，消渴为二期，消瘅是三期（并发症期）。

六、《内经》论：脾瘅的特点是口甘；消渴的特点有陈气，治之以兰；消瘅的特点为气血逆留，髋皮充肌血脉不行，转而为热，热则消肌肤。三者都为肥贵、甘美、高粱之疾。

七、《内经》论："二阳结谓之消"这是消渴发生的关键。又"二阳之病发心脾"是病因；"有不得隐曲"是防变；"女子不月，其传为风消。其传为息贲，死不治。"是发展。

八、《内经》曰："心移寒于肺，传为肺消，饮一溲二，死不治。""心移热于肺，传为鬲消"，出现上焦热症。肺消、鬲消不属于消渴病。

九、消渴病是一种有自身规律的疾病，就是现在的糖尿病。糖尿病没有口渴多饮表现也可称消渴病，但不能称消渴。任何一种病，只要有口渴多饮表现，就可以称为消渴，但不一定都是消渴病。

The Concept of Disease, Syndrome and Symptom——the Disease of Xiao Ke and the Syndrome of Xiao Ke

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of TCMand Pharmacy

1. Disease: the broad sense of diabetes is the generalization of an illness; the narrow sense is a kind of disease pocessing it's specific etiology, pathogenesis, pathology, symptom and syndrome with it's own law of onset, development, transformation and prognosis.

2. Syndrome: it can be divided into type of syndrome and individual group of symptoms. Type of syndrome is a relatively fixed model with little variability, while group of symptom is more individualized and specific varied from one patient to the other. Both of them are synthetic characteristic appeared in the different stage and layer of the course of the disease. The therapeutic method, prescription and drug selection can be based on them. The syndrome of deficiency has little variability, so the type of syndrome can be defined by deficiency syndrome, and the individual group of symptoms can be defined by excess syndrome.

3. Symptom: both subjective and objective symptoms are included. It's the clew or main foundation of diagnosing a disease and defining the type of syndrome and individual group of symptoms. The appearance of symptom can be influenced by both physiological and psychological factors. They should be investigated and analysed as a whole.

4. Xiao Ke Diease: Zhen Li Yan of Sui Dynasty said: "Xiao Ke disease has three symptoms: polydypsia, frequency of micturation, sweet urine." There were also the record of "Xiao middledisease" and "Kidney Xiao disease", both were the complication of Xiao Ke disease. It is quite similar to DM.

5. Xiao Ke : the Internal Classic said: Xiao Ke is transformed from spleen Dan, it is called "Xiao Dan" after the appearance of complications. Spleen Dan, Xiao Ke and Xiao Dan are the three stages of the onset, development and transformation, spleen Dan, Xiao Ke and Xiao Dan are the first, second and third stages respectively.

6. The Internal Classic said: The characteristic of spleen Dan is sweetness in mouth; Xiao Ke is characteristic of old Qi, it should be treated with fresh and fragrant herb. Xiao Dan is characteristic of obstruction of blood vessels transmitted to heat, and emaciation of skin and musule by heat, All are caused by fat and sweet food.

7. The Internal Classic said: " Two yang blended together is called Xiao. " This is the core of it's onset. "Tow Yang disease is generated from heart and spleen". This is discussing the cause; " The life is irregular". This is talking about prevention. " The female becomes amenorrhea, and develops emaciation, even develops into shortness of breath. This is the fatal sign". This is dealing with the development.

8. The Internal Classic said: " Cold evil moved from heart to lung will develop into lung Xiao , urine volume is twice of the drink. This is the fatal sign. " Heat evil moved from heart to lung will developGe Xiao. " This leads to the heat symptom of upper warmer. Both the lung Xiao and Ge Xiao don't belong to Xiao Ke disease.

9. Xiao Ke disease is a kind of disease with it's own law. It is the same with modern DM. The DM without manifestation of polydipsia can be called Xiao Ke disease, but can't be called Xiao Ke syndrome. Any disease with the manifestation of polydipsia can be called Xiao Ke syndrome, but may not be Xiao Ke disease.

中国中医药治疗糖尿病临床研究概述

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杨晓晖　于秀辰　张子业　娄锡恩　孙　军

目前DM临床研究大体分为两类：一类以降低DM人血糖为主要目标的药物研究。二类以促进DM人长寿和健康为主要目标的防治并发症综合措施研究。

一类：主要针对DM人临床常见的五种证型，研究治法和方药。①阴虚为本，燥热为标。②气阴两虚，血脉瘀阻。③脾虚痰湿，经脉不活。④肝肾阴虚，郁瘀互结。⑤阴阳俱虚，痰瘀郁滞。

研究中选用的指标：血糖、GHb、血脂、载脂蛋白（ApoA；ApoB），胰岛素、胰升糖素、生长抑素含量，体液、细胞免疫，血流变，血小板聚集，胰岛素受体的数目、敏感性，胰岛素抗体和对抗物，肝糖原合成，血象和脏器功能等。

研究方法：多数制剂的处方是经过长期临床实践，通过大量病例回顾性总结后组成。少数制剂的处方是综合实验报导有降糖作用的药物组成。已有部分制剂正在按DME要求进行临床前瞻研究和实验研究。

对现有中药制剂和新药的评估：多数制剂是实践总结提炼的结晶，非常宝贵，有希望成为一批疗效好，无毒副作用的新药。少数制剂在宣传内容中所述作用过多，处方组成不清楚者，可信性较小。

二类：主要针对DM人临床常见的慢性并发症，进行防治措施研究。在这方面中医较具优势。

1. 研究DM及其慢性并发症发生、发展、转化规律，即分阶段，分层次研究。以便寻找更为有效的防治措施。

2. 把DM分为三期：一期（DM隐匿期），二期（DM期），三期（并发症期）。三期又分为三早（症状出现到功能代偿）、三中（失代偿到早期衰竭）、三晚（晚期衰竭到终末）或在早、中、晚期中再各分为三度观察，如DN。

3. 观察指标：主要指标五项：①血糖；②GHb；③血脂；④症状；⑤体重。选加指标，根据研究要求所需，增加能说明问题的指标。

4. 防治措施研究：必需措施三种①饮食、②运动（包括床上运动）、③心理；选加措施五种①口服降糖药、②中药、③针灸按摩、④气功、⑤胰岛素。其8种措施对各期DM和各种并发症各度的应用研究。

5. 对二类研究的评估：二类临床研究，中西医都已非常重视。预计不久将会对DM并发症（心、脑、肾、眼、肝、肺、胃肠、神经、血管、肌肤、骨等）研究出一大批较为理想的诊治办法。

The Summary of Clinical Research of DM

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Yang Xiaohui　Yu Xiuchen　Zhang Ziye　Lou Xien　Sun Jun
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At present, the clinical research of DM can be generally divided into two classes: One is the study of drugs chiefly aiming at lowering diabetic's blood sugar, the other is

the synthesized research of preventing and treating complications aiming at promoting the longevity and health of the diabetics.

Class Ⅰ: To study the therapy and pharmacy directed to the five types of syndrome commonly seen in the clinic: ①Yin deficiency as origin, dryness as superficiality, ② Deficiency of both Qi and Yin, obstrcution of blood vessels, ③ Deficiency of spleen, ④ Yin deficiency of both liver and kidney, stasis and stagnation blended together, ⑤Deficiency of both Yin and Yang.

The parameters selected in the research are: blood sugar, glycated hemoglobin, blood lipid, Apoprotein A and B, content of insulin, glucagon and somatostatin, humeral and cellular immunity, rheology platelet aggregation, the number and sensitivity of insulin receptor, insulin antibody and it's antagonist, the synthesisof liver glycogen, blood picture and viseral functions.

Methodology: Majority of the recipe of the decoctions are composed through a long term of clinical experience and retrospetive generalization of a large number of cases. Minority are composed by synthesis of the ingredients reported to have the effect of lowering blood sugar. Some of the decoction are being studied prospectively in a clinical trial according to the requirement of DME.

The evaluation of the present TCM recipe and new medications: Most of the recipe are valuable results of experience and hold promise to become effective new drug without toxic and side effect. A few of the recipe were exaggerated by propagenda, the composition isn't very clear and not quite reliable.

Class Ⅱ: The study of prevention and treatment directed to the chronic complications commonly seen in clinic TCM occupies a dominant position in this aspect.

1. To study the law of the onset, development and change of DM and it's chronic complication, i. e. the study according to stages and layers, so as to find out more effective methods.

2. DM is divided into three stages: First is preclinical stage, second is clinical stage, third is complication stage. The latter is further divided into three substages: early (From symptom appearance to functional compensation), middle (From loss of compensation to early failure), and late (From late failure to end stage). Or the substage can be further divided into 3 degrees, in order to observe conveniently.

3. Parameters for observation: There are five main parameters: blood glucose, GHB, blood lipid, symptom and body weight. Some other selective parameters can be added while needed.

4. The study of prevention and treatment: three kinds of necessary method are: ① dietary, ② movement (including on bed exercise), ③ psychological; five kinds of alternative ways are: ④oral hypoglycemic agents, ⑤Chinese herbs, ⑥acupuncture and massage, ⑦ Qigong, ⑧insulin. The researches are concentrated on their application to each stage of DM and it's various complications.

The evaluation of the 2 classes of study: Both of the classes of clinical trial have been well emphasized by either TCM and Western medicine. It is predictable that a large quantity of idea, prevention and treatment methods of diabetic complications (heart, brain, kidney, eye, liver, lung, gastrointestine, nerve, blood vessel, skin and bone) shall be discovered soon.

中国中医药治疗糖尿病实验研究概述

广州中医学院　熊曼琪

本文对我国中医药的降糖作用、有效成分、降糖机制及防治糖尿病慢性并发症作用等方面的实验研究进行了综述。经大量多视角的实验研究已筛选出一批有降糖作用的中草药，如人参、黄连、葛根、知母、大黄、生地、黄皮叶等，共计70余味；提得多种有降糖作用的有效成分，如萜类、黄酮类、多糖等8大类；证实部分治疗消渴病的常用复方有效好的降糖和或防治慢性并发症作用，如六味地黄丸、玉女煎、滋肾蓉精丸、降糖甲片、加味桃核承气汤、降糖通脉宁等，达20余首；揭示中医药防治糖尿病的作用机制是复杂的综合调节作用：既有胰内作用，如促进胰岛素分泌、抑制胰高糖素分泌，又有胰腺外作用，如提高胰岛素受体的结合力和数目，可能改善胰岛素受体后效应、抑制糖原异生，增加肝糖原合成及促进葡萄糖的利用，并通过对醛糖还原酶抑制作用、降低血糖、降低血脂和血液粘度、抑制血小板聚集、消散血栓、减轻肾小球毛细血管基底膜的增宽、降低肾脏高耗氧现象和改善肾功能等作用，对糖尿病慢性并发症起到一定的防治效果；并提示中医药在改善胰岛素抵抗和防治慢性并发症方面具有优势和潜力；为中医方药跨入口服降糖药的行列提供了实验依据。

但目前中医药的降糖作用尚不理想，作用机制尚未清楚，实验结论主观推测的不少，受体后效应及防治慢性并发症的实验研究还较少开展。因此，实验研究的任务还十分艰巨，应建立实验性NIDDM动物模型，采用多学科的研究方法，研究重点方药的胰腺外作用、改善胰岛素抵抗作用及防治慢性并发症作用。

General Situation of Experimental Study of Chinese Materia Medica Treating Diabetes Mellitus in China

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This article summarized the effect of lowering blood glucose, active compound and therapeutic mechanism of Chinese Materia Medica studied in experimental animal by Chinese. The large number of experimental studies sifted many Chinese medicinal herbs lowering blood glucose, such as Radix Ginseng, Rhizoma Coptidis Chinesis, Radic Puerarae hirustae, Anemarrhena asphodeloides Bunge. Rhubarb, Rhizoma rehmannia glutinosa, leaves of Clausena Lansjum (Lour.) Skeels, etc, amounting to 70 drugs; isolated and drew 8 kinds of active compounds reducing blood glucose, such as Terpene. Flavonoid, Polyose from chinese medicinal herbs; confirmed that some prescriptions had effects of lowering blood glucose and treating chronic complications of diabetic animals, including Bolus of six drugs including Renmannia, Gypsum Decoction, pill for replenishing the Kidney—yin and essence, Persical Decoction for purgation with addition, Table for lowering glucose and activating blood vessels, etc, in total over 20 prescriptions.

The results revealed that therapeutic mechaniam of Chinese Materia Medicia was synergistic regulation. It not only acted on the pancreas including improved secretion of insulin and inhibited excretion of pancreatic glucagon, but also had extrapancreatic functions of increasing the percentage of specific insulin binding to membrance and number of insulin receptor, acting on postreceptors, inhibiting glyconeogenesis, improving the content of hepatic glycogen and promoting glucose metabolism. As Chinese Materia Medica could inhibit reductase of aldose and platelet aggregation, lower blood glucose and fat, relieve thrombus, reduce thickening of glomerular basement membrane and oxygen consumption of kidney, it had some effect in treating chronic diabetic complications. The studies also pointed out Chinese Materia Medica had advantage and potentiality in decreasing insulin resistance and treating chronic complications.

Up to now, Chinese Materia Medica's function of lowering blood glucose is not good. Its' therapeutic mechanism is not clear, So experimental study is also a glorious but arduous task. We should study the action of important drugs and prescription on improving insulin resistance and treating chronic complications in animal model of NIDDM with advanced research means.

中国中医药防治糖尿病新制剂研究概况

河南中医学院　吕靖中

制剂是成长为新药的幼苗，据了解绝大部分制剂组方合理，理法方药一致，君臣佐使论述清楚，选药精当，不用缺贵毒药。药物来源于药典，经过实践，制剂工艺规范，向研制新药方向发展。

参加本次大会交流的论文中，经过临床和实验研究并进行总结的中药制剂有北京中医药大学的"止消通脉饮"、中国中医研究院西苑医院的"愈三消胶囊"，辽宁中医学院的"胰岛灵"，成都中医学院的"糖复康"，北京协和医院的"仙贞片"，山东中医学院的"奇可力胶囊"，黑龙江省中西医结合研究所的"消渴康"、河南中医学院的"糖脂平"，安徽中医学院的"降糖饮"，石家庄医药研究所的"津力达口服液"，第一军医大学的"加味白虎人参汤"，天津第三中心医院的"胰活散"，河南新乡第二人民医院的"黄葛丸"、山东省东明中医院的"鲁东降糖Ⅰ号"，空军吉林医院的"胜糖胶囊"。还有很多临床疗效好的制剂，正在临床按照DME的要求，实验按照新药审批要求进行工作，预示未来有非常好的前景。

当然在研究新药的方面还有不少技术问题，比如：组方、选药、各药的用量比例不合理。临床研究总结简单，主要观察指标和数据不清楚，对新药的副作用或不良反应不认真观察。对一种药几家临床研究的结果大不一致。另外对药效、毒理、质量标准、稳定性等不按《新药审批办法》要求进行。

还有的新药没有"新意"，原有水平上重复，选用剂型不重视"使用、贮存、运输"的方便，临床研究中对所观察的病例有关诊断标准、纳入标准、剔除标准、随机化、对照组设立、观察方法、疗效评定以及总结不能按DME要求进行。

A Brief Account of the Researches on the Prevention and Treatment of Diabetes with the New Preparations of TCM

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Preparations are seedlings of future new drugs. It is known that the majority of the preparations are made up reasonably, the prescriptions of which go identically with pharmacology with a clear exposition for each component in the prescriptions and with precise and appropriate selections, but without any rare or poisonous drugs. The drugs selected are found in the pharmacopoeia and they have been tested in practice. The preparations are processed standardly and can be developed into new drugs.

Among the treatises taken to the conference for exchange are those on the preparations of Chinese herbal medicine researched in clinical experiment and made reports, such as "Zhi Xiao Tong Mai Yin" by Beijing University of TCM, "Yu San Xiao Capsule" by Xiyuan Hospital affiliated to China Academy of TCM, "Tang Fu Kang" by Chengdu College of TCM, "Xian Zhen Tablet"by Beijing Union hospital, "Qi Ke Li Cap-

sule" by Shandong College of TCM, "Xiao Ke Kang" by the Institute of Intergration of Western and Traditional Chinese Medicine in Heilongjiang Province, "Tang Zhi ping" by Henan college of TCM, "Jiang Tang Yin" by Anhui college of TCM, "Jin Li Da Oral Juice"by Shijiazhuang Medical Institute, "Jia Wei Bai Hu Ginseng Decoction"by the First Military Medical University, "Yi Huo San" by Tianjin No. 3 central Hospital, "Huang Ge Pill" by Xinxiang No. 2 People's hospital in Henan, "Lu Dong Jiang Tang No. 1" by Dong Ming hospital of TCM in Shandong and "Sheng Tang Capsule" by the Air Force Jilin Hospital.

Many more clinically effective preparations are being under clinical experiment on the basis of DME to meet the standards of the examination and approval for new drugs. Excellent prospects can be expected.

However, some technical problems in the research on new drugs remain unsolved, which are: the components of some prescriptions, the selections of drugs as well as the dosage of each drug in proportion are not quite rational; the reports of clinical studies for new drugs are not elaborate; the main observational indexes and data are not very authentic; the side -effects and untoward effects of some new drugs have not been observed thoroughly; the results of clinical studies by different institutes for some drug are quite inconsistent; the curative effects , toxicity, quality of standard and stability of some drugs are not examined or defined in accordance with "criterions for examining and approving new drugs".

In addition, some so-called "new" drugs are actually the duplicate of old ones without any new formulations; some preparations are not very convenient for use, storage and transportation; and the last problem is that the diagnostic standard, inclusive standard, exclusive standard, randomization, setting control group, methods for obsrevation and judgement of curative effect for the cases observed clinically as well as reports have not been carried out in accordance with DME.

古训消渴病

北京中医药大学东直门医院　吕仁和　摘

一、《内经》

（一）《素问·阴阳别论》："二阳结谓之消。"又云："二阳之病发心脾。有不得隐曲。女子不月。其传为风消（肌肤消瘦）。其传为息贲，死不治。"

（二）《素问·奇病论》："帝曰：有病口甘者，病名为何？何以得之？岐伯曰：此五气之溢也，名为脾瘅。夫五味入口藏于胃，脾为之行其精气，津液在脾，故令人口干也。此肥美之所发也。此人必数食甘美而多肥也。肥者令人内热，甘者令人中满，故其气上溢，转为消渴。治之以兰，除陈气也。"

（三）《素问·通评虚实论》："凡治消瘅，仆击、偏枯、痿厥、气满发逆，肥贵人则高粱之疾也。隔塞闭绝，上下不通，则暴忧之疾也……。"又曰："消瘅虚实何如？脉实大，病久可治，脉悬小坚，病久不可治。"

（四）《灵枢·五变篇》："帝曰：人之善病消瘅者，何以候之？少俞答曰：五脏皆柔弱者，善病消瘅。黄帝曰：何以知五脏柔弱也？少俞答曰："此人薄皮肤，而目坚固以深者，长冲直扬，其心刚，刚则多怒，怒则气上逆，胸中蓄积，气血逆留，髋皮充肌，血脉不行，转而为热，热则消肌肤，故为消瘅。言其暴刚，而肌肉弱者也。"

（五）《灵枢·本脏篇》："心脆，则善病消瘅热中。肺脆，则善病消瘅，易伤。肝脆，则善病消瘅，易伤。脾脆，则善病消瘅，易伤。肾脆，则善病消瘅，易伤。"

（六）《素问·腹中论》："帝曰：夫子数言热中（口渴多饮），消中（消谷善肌），不可服高粱芳草石药。石药发癫，芳草发狂。夫热中消中者，皆富贵人也，令禁高粱，是不合其心。禁芳草石药，是病不愈，愿闻其说。岐伯曰：夫芳草之气美，石药之气悍，二者其气急疾坚劲，故非缓心和人，不可以服此二者。帝曰：不可以服此二者，何以然？岐伯曰：夫热气剽悍，药气亦然，二者相遇，恐内伤脾，脾者土也而恶木，服此药者，至甲乙日更论。"

（七）《素问·气厥论》："心移寒于肺，肺消，肺消者，饮一溲二，死不治。"又"心移热于肺，传为鬲消。"又"大肠移热于胃，善食而瘦入，谓之食亦。胃移热于胆，亦曰食亦。"

综合上述原文可概括为以下三个方面：①提出消渴病的病因病机：心脾功能失常、过食肥甘、情志失调是其主要病因，胃肠结热耗伤津液是其主要病机。即心脾功能失常导致二阳之病，二阳结发为消渴病。进一步发展可并发女子不月，可传为风消，可传为息贲。女子不月、风消、息贲是消渴病的兼证或并发症。②提出消渴病发展的三个阶段：即脾瘅期：或消渴病前期，其特征是口甘、肥胖，病因是过食肥甘。肥生内热，甘生中满，其气上溢则发展为消渴期：特征是口渴多饮、消谷善肌，病机为二阳结滞，治之以兰，以除陈气。若病情发展则进入消瘅期：即消渴病并发症期，可出现偏枯、仆击、痿厥、气满发逆、息贲等并发症，主要病机是"气血逆留，髋皮充肌，血脉不行。"③提出消渴病的鉴别诊断：即消渴病需与肺消、鬲消、食亦相鉴别。肺消"心移寒于肺，肺消，肺消者，饮一溲二，死不治。"鬲消："心移热于肺，传为鬲消。"食亦："大肠移热于胃，善食而瘦入，谓之食亦。"

二、《伤寒论》

"厥阴之为病，消渴，气上撞心，心中疼热，饥而不欲食，食即吐蛔，下之利不止。"

"服桂枝汤，大汗出后，大烦渴不解，脉洪大者，白虎加人参汤主之。"

"渴欲饮水，无表证者，白虎加人参汤主之。"

《金匮要略》

《消渴・小便不利・淋病脉证并治第十三》

"厥阴之为病，消渴，气上冲心，心中疼热，饥而不欲食，食即吐，下之不肯止。"

"趺阳脉浮而数，浮即为气，数即消谷而大坚；气盛则溲数，溲数即坚，坚数相搏，即为消渴。"

"趺阳脉数，胃中有热，即消谷引食，大便必坚，小便即数。"

"男子消渴，小便反多，以饮一斗，小便一斗，肾气丸主之。"

"渴欲饮水，口干舌燥者，白虎加人参汤主之。"

"脉浮，小便不利，微热消渴者，宜利小便发汗，五苓散主之。"

"渴欲饮水，水入则吐者，名曰水逆，五苓散主之。"

"渴欲饮水不止者，文蛤散主之。"

《肺痿肺痈咳嗽上气病脉证治第七》

"肺痿之病，从何得之？师曰：或从汗出，或从呕吐，或从消渴，小便利数，或从便难，又被快药下利，重亡津液，故得之。"

《金匮要略》列消渴病专篇对本病阐述，有论有治，认为胃热肾虚是导致消渴病的主要病机，首创白虎加人参汤，肾气丸等治疗方剂，开清热生津、补肾治疗消渴病之先河，至今仍为临床医家所推崇。此外该书还记载了消渴病的并发症如消渴病并发心中疼热，肺痿等。

三、《古今录验》

唐・王焘《外台秘要》引甄立言《古今录验》云："消渴病有三：一渴而饮水多，小便数，无脂似麸片甜者，皆是消渴病也；二吃食多，不甚渴，小便少，似有油而数者，此是消中病也；三渴而饮水不能多，但腿肿，脚先瘦小，阴痿弱，数小便者，皆是肾消病也。"

至隋代甄立言给消渴病下了一个完整准确的定义，至今仍有较强的科学性。此外甄立言在公元600年就已记载了糖尿病尿甜的现象比 Thomas Willis 早逾千年虽然公元前1500年"埃伯斯氏古医籍"中有尿甜如"蜂蜜"、尿多如"虹吸"的记载，但是没有继承下来，一直失传了3000多年，才又被发现。

根据《内经》、《伤寒》、《金匮要略》的论述，特别是甄立言的消渴病概念，我们完全可以说中国传统医学的消渴病即现代医学的糖尿病。

(*The English abstract of above paper is omitted*)

消渴病（糖尿病）中医分期辨证与疗效评定参考标准

中国中医药学会消渴病（糖尿病）专业委员会
（执笔　吕仁和　张发荣　高彦彬）

本标准由中国中医药学会消渴病（糖尿病）专业委员会第三次工作会议（1992年5月18日山东明水）通过。

糖尿病分类与诊断采用世界卫生组织标准，鉴别诊断与病情分类参照《临床糖尿病学》（钟学礼，上海科技出版社1989年10月第1版）一书。分期辨证与疗效评定吸取中西医之长，以便临床实用。该标准拟定前，曾在全国25所较大医院随机将2000余例糖尿病人的临床表现做了统计，并全面分析写成初稿，经专业委员会诸专家反复讨论修改审定。

分期辨证

为了便于临床诊治，将本病分为Ⅲ期。发展到Ⅲ期即为合并症期，根据各种合并症的严重程度，又分为Ⅲ早、Ⅲ中、Ⅲ晚期。

Ⅰ期：消渴病（糖尿病）隐匿期

1. 临床特征

1.1 多为肥胖形体，体质尚壮，食欲旺盛，耐久力有所减退，舌红，脉数。

1.2 血糖偏高，常无尿糖，应激状态下血糖明显升高，出现尿糖。血脂多数偏高（胆固醇、甘油三脂、其中一项高即是）。

2. 病机特点与证候　阴虚为主，常见以下三种证候。

2.1 阴虚肝旺：食欲旺盛，便干尿黄，急躁易怒，舌红苔黄，脉弦细数。

2.2 阴虚阳亢：阴虚加头晕目眩。

2.3 气阴两虚：气虚加阴虚。

Ⅱ期：消渴病（糖尿病）期

1. 临床特征

1.1 常有多尿，多饮，多食，消瘦，疲乏，怕热喜凉，口舌咽干，尿黄便干，舌红苔黄，脉数。

1.2 血糖、糖基化血红蛋白、尿糖均高，血脂偏高。

2. 病机特点与证候　阴虚化热为主。常见以下五种证候。

2.1 胃肠结热：大便干结，消谷善饥，口咽干燥，多饮多尿，怕热喜凉，舌红苔黄，脉数有力。

2.2 湿热困脾：胸脘腹胀，纳后饱满，渴不多饮，肌肉酸胀，四肢沉重，舌胖嫩红，苔黄厚腻，脉滑数。

2.3 肝郁化热：胸胁苦满，急躁易怒，常有太息，口苦咽干，头晕目眩，易于疲乏，舌质暗红，舌苔薄黄，脉沉弦。

2.4 燥热伤阴：口咽干燥，多饮多尿，大便干结，怕热喜凉，舌红有裂，舌苔糙黄，脉细数。

2.5 气阴两伤，经脉失养：气虚＋阴虚＋肢体酸软、不耐劳作。

Ⅲ期：消渴病（糖尿病）合并症期

由于个体差异，合并症的发生不完全相同，可单一出现，也可两种以上并见，严重程度也不尽相同，可能心病在早期，而眼病已进入中期或晚期。所以在研究各种合并症时，尚需拟定各种合并症发

展到早、中、晚期的特有指标，但总体上以全身病变及主要脏器的损害程度分辨。

Ⅲ早期

1. 主要病机　气阴两虚，经脉不和。

2. 临床特征　气阴两虚加腰背或肢体酸疼，或有胸闷，心悸，心痛，记忆力减退，头晕，视力减退，手足麻疼，性功能减退等。但其功能仍可代偿，即维持原有的工作和生活。

Ⅲ中期

1. 主要病机　痰瘀互结，阴损及阳。

2. 临床特征　神疲乏力，胸闷心悸，咳有粘痰，心悸气短，头晕目眩，记忆力减退，下肢浮肿，手足发凉，口唇舌暗，脉弱等。如视网膜病变进入Ⅲ-Ⅳ期，冠心病心绞痛频发。肾功能失代偿致血色素下降，肌酐、尿素氮升高。脑血管病致脑供血不足而眩晕，记忆力减退不能正常工作，因神经疼痛，血管坏疽，肌肉萎缩致不能正常生活和工作。

Ⅲ晚期

1. 主要病机　气血阴阳俱虚，痰湿瘀郁互结。

2. 临床特征　在Ⅲ中期基础上发展成肢体残废，脏器严重受损甚至危及生命。如冠心病发展为心肌梗塞、严重的心律紊乱、心力衰竭。肾功能衰竭尿毒症期。视网膜病变Ⅱ-Ⅳ期。脑血栓形成或脑出血等。

（附）消渴病辨证诊断参考标准

虚证

1. 气虚　①神疲乏力；②少气懒言；③易自汗；④舌胖有印；⑤脉细无力。具备二项可诊断。

2. 血虚　①面色苍黄；②唇甲色淡；③经少色淡；④舌胖质淡。具备二项可诊断。

3. 阴虚　①怕热汗多或有盗汗；②手足心或五心烦热；③舌瘦红而裂；④脉细数。具备二项即可诊断。

4. 阳虚　①畏寒肢冷；②腰膝怕冷；③面足浮肿；④夜尿频多；⑤舌胖苔白；⑥脉沉细缓。具备二项可诊断。

5. 肾虚　①腰腿酸疼；②耳鸣耳聋；③齿松动、发落；④性功能减退或遗精、早泄、阳萎。具备二项即可诊断。

6. 脾气虚　①肌瘦乏力；食后腹胀；③大便易溏；④纳饮不香。具备二项可诊断。

7. 肺气虚　①声低懒言；②易于感冒；③咳嗽气短。具备二项即可诊断。

8. 肝虚　①视物模糊；②双目干涩；③肢体麻木。具备二项可诊断。

9. 气血两虚（气虚加血虚）；阴阳两虚（阴虚加阳虚）；肾阴虚（肾虚加阴虚）；肾阳虚（肾虚加阳虚）；肾阴阳虚（肾虚加阴虚加阳虚）。诸如肝血虚、肝阴虚、脾阳虚等合并症候以此类推。

实证

1. 燥热　①口干舌燥；②烦渴多饮；③大便干结；④舌红苔糙；⑤脉数。具备二项可诊断。

2. 血瘀　①定位刺痛，夜间加重；②口唇舌暗、或紫暗、瘀斑、舌下脉紫怒张；③肌肤甲错等。有一项可诊断。

3. 气郁　①胸闷太息；②胸胁或脘腹胀满；③急躁易怒或情志抑郁；④口苦咽干；⑤脉弦。具备二项可诊断。

4. 气郁化热　气郁加舌红苔黄、便干、尿黄、脉数。

5. 痰湿　①胸闷脘痞；②纳呆呕恶；③形体肥胖；④全身困倦；⑤头胀肢沉。具备二项可诊断。

6. 热痰　①咯痰黄稠；②胸脘痞满；③舌苔黄腻；④脉滑数。具备二项可诊断。

7. 热毒　①皮肤疖肿；②身热咽痛；③苔黄脉数。具备二项可诊断。

8. 湿热困脾　①脘腹痞闷；②口渴饮少；③舌体胖嫩；④舌苔黄腻；⑤脉象滑数。具备二项可诊断。

9. 湿热下注　①小便黄浊；②带下黄稠；③大便粘滞；④二阴湿痒；⑤疹痒流水；⑥舌苔黄腻；⑦

脉滑数。具备二项可诊断。

10. 肝胆湿热　①急躁易怒；②口苦泛恶；③带下黄臭或目甲发黄；④舌苔黄腻；⑤脉弦滑数。具备两项可诊断。

11. 胃肠结热（二阳结热）　①大便干燥；②消谷善饥；③口渴多饮；④怕热喜冷；⑤舌红苔黄；⑥脉数有力。具备二项可诊断。

消渴病（糖尿病）疗效评定标准

本标准是对病人治疗中总体的评定标准，在科研中应说明研究的主要目标，若单为降血糖，可按降糖程序评定。不过应说明配合其它治疗的方法。各种合并症的评定标准另订。

1. 临床缓解

①空腹血糖＜6.1*mmol*/*L*（110*mg*/*dl*），餐后2小时血糖≤8.3*mmol*/*L*（150*mg*/*dl*），糖基化血红蛋白＜6%；②血脂正常；③24小时尿糖＜5*g*；④临床症状消失；⑤体重向标准方向发展，并在标准体重上下20%以内；⑥生存质量上升2级以上；⑦合并症解除（各病症解除的具体指标另订）。

2. 显效

①空腹血糖＜7.22*mmol*/*L*（130*mg*/*dl*），餐后2小时血糖≤10.08*mmol*/*L*（180*mg*/*dl*），②血脂：*TC*＜5.96*mmol*/*L*（230*mg*/*dl*）、*TG*＜1.47*mmol*/*L*（130*mg*/*dl*），糖基化血红蛋白＜8%；③24小时尿糖＜10*g*；④临床症状明显减轻；⑤体重向标准方向发展，疗程内体重趋向标准体重＞2*kg*（偏瘦者，体重增加＞2*kg*，偏胖者，体重减少＞2*kg*）；⑥生存质量提高到相应期的上限；⑦合并症显著减轻（各病症显著减轻的具体指标另订）。

3. 有效

①空腹血糖＜8.3*mmol*/*L*（150*mg*/*dl*），餐后2小时血糖≤11.1*mmol*/*L*（200*mg*/*dl*），②血脂：*TC*＜6.48*mmol*/*L*（250*mg*/*dl*），*TG*＜1.7*mmol*/*L*（150*mg*/*dl*）；③临床症状有所减轻；④24小时尿糖＜15*g*；⑤体重向标准方向有所发展；⑥生存质量有所提高；⑦合并症有所减轻（各病症减轻的具体指标另拟）。

4. 无效　各项指标达不到上述要求标准。

消渴病（糖尿病）急性病变的分度标准

消渴病急性病变主要指：①严重感染；②酮症酸中毒昏迷；③乳酸性酸中毒昏迷；④高渗脱水昏迷。上述病症可以发生在各期，研究中需将其分为轻、中、重三度进行。各度的具体观察指标和中医辨证，可参考下列原则拟定。

1. 轻度　①发病时间较短；②功能及活动尚能代偿；③经治疗在短时间内其急性病变可以解除

2. 中度　①病情较轻时未得到治疗，发展到功能活动不能代偿；②经积极治疗，较短时间内多数可以解除；③病人不积极认真治疗，很快发展到重度。

3. 重度　①已危及生命；②但经有效积极抢救，多数仍可解除，但可能留一些后遗症；③不认真治疗，绝大多数不能康复，甚至很快死亡。

The TCM Syndrome Differentiation According to Stages and the Criteria for Evaluating Curative Effect of DM

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Syndrome differentiation according to stages:

The course of DM is divided into 3 stages. The Ⅲ stage is the stage of complications. According to the severety of each complication, the Ⅲ stage is subdivided into early Ⅲ, mediate Ⅲ and late Ⅲ stages.

Stage Ⅰ: stage of latent DM. The predominant mechanism is Yin deficiency.

Stage Ⅱ: stage of DM. The predominant mechanism is Yin deficiency producing endogenous heat.

Stage Ⅲ: stage of complications.

Early stage Ⅲ: Complication has appeared, but the function can be compensated, the previous quality of work and life can be meintained.

Mediate stage Ⅲ: Complication has aggravated. The normal work and life can't be kept.

Late stage Ⅲ: Certain limbs has been disabled. Some organs has been damaged seriously. Life was even threatened.

The diagnostic criteria of the syndrome differentiation ofDM. ①9 kinds of deficiency syndromes. ② 11 kinds of excess syndromes.

The criteria of evaluating curative effect:

This criteria is an overall evaluation of the treatment. The criteria for evaluation of complications should be made otherwhere.

The evaluation of curative effect is divided into:

1. Clinical alleviation, 2. Marked improvement, 3. Effective, 4. Ineffective.

The criteria of classifying degree of the acute complication:

①Mild: The function and activity can be compensated. ②Mode—rate: The function and activity loses compensation. ③Severe: Life has been threatened.

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糖尿病肾病分期辨治 568 例临床分析

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糖尿病肾病（DN）是糖尿病（DM）人常见并发症之一。本院随机统计的非胰岛素依赖型糖尿病（NIDDM）1500 例中，有 618 例是 DN，约占 41%。DN 发展到晚期，病情复杂多变，易合并严重感染、心力衰竭、脑血管意外等病变，治疗难度增加。所以国内外学者都强调，加强早期防治，以阻止或延缓进入中晚期。本院多年来吸收古今中外有关防治经验，在临床实践中长期反复应用，进行中医辨证综合防治，取得较好效果。现将资料完整的 568 例总结分析如下。

临床资料

一、病例选择：本组病例均系按 WHO 诊断标准确定的 NIDDM，并具有 DN 诊断分期的住院病人 208 例，门诊病人 360 例，共 568 例。其中男性 265 性，女性 303 例。年龄：早期病人 268 例（36～50 岁 168 例，51～63 岁 100 例）；中期病人 200 例（45～55 岁 132 例，60～82 岁 68 例）；晚期病人 100 例（47～60 岁 62 例，61～83 岁 38 例）。病程（从临床诊断为 DM 算起）：早期病人 1～18 年，平均 9.4 年；中期病人 9～28 年，平均 18.5 年；晚期病人 10～40 年，平均 25 年。

二、DN 的临床分期：本文 DN 的诊断和分期是参照国内外有关方法，结合临床实际拟定的：

（一）诊断：按 WHO 诊断标准确定的 NIDDM 病人，凡尿白蛋白排泄率在 20～200μg/min，或尿八项检查中，尿蛋白≥5mg/dl（除外肾炎、肾病等原因的蛋白尿），直到肾功能衰竭终末期。

（二）临床分期：分期的目的是为了研究其在临床中发生、发展、转归和预后规律，并寻找防治办法。分期的主要指标，力求简单、明确，但必须能反映出各期的特点。据此将 DN 分为早、中、晚三期，每期又分为轻（Ⅰ°）、中（Ⅱ°）、重（Ⅲ°）三度。

早期（肾功能正常期）；268 例。肾小球滤过率增高、出现蛋白尿和浮肿，但肾功能尚能代偿，血肌酐（Scr）＜132.5μmol/L（1.5mg/dl）。此期还可能有高血压、植物神经、周围神经、眼、心、脑、皮肤、血管等早期病变同时出现。

Ⅰ°：内生肌酐清除率（Ccr）＞120ml/min，尿检查尚未出现白蛋白（Ⅰ°病人未纳入本总结）。

Ⅱ°：尿白蛋白排泄率为 20～200μg/min（28.8～288mg/24h）或尿八项检查中，尿蛋白≤5mg/dl，但无浮肿。

Ⅲ°：尿蛋白定量 500mg/24h 或有尿蛋白并伴浮肿；但 Scr＜132.5μmol/L。

中期（肾功能失代偿期）：200 例。主要以 Scr 为指标，Ccr 为参考指标。中期 Scr≥132.5μmol/L～＜442μmol/L。BUN、中分子物质均有增高，贫血缓慢出现；可有高血压、冠心病、脑血管病、神经、皮肤等病变随着肾功能衰竭胰岛素灭活降低，血浆胰岛素水平升高，血糖下降；或因血管病变对血管活性物质刺激的反应性降低，血压亦随之由高而降低。其分度为：

Ⅰ°：Scr≥132.5μmol/L；
　　Ccr：50ml/min±；
Ⅱ°：Scr≥221μmol/L；
　　Ccr：40ml/min±；
Ⅲ°：Scr≥311μmol/L；
　　Ccr：30ml/min±；

晚期（尿毒症期）：100 例。DN 到晚期，Ccr、Hb 继续下降；Scr、BUN 继续上升；血 Ca、PH、CO_2CP 等下降血 P、K 常升高。其中 Scr 最为稳定，故以其作主要指标，Ccr 为参考指标分度。

Ⅰ°：Scr≥442μmol/L；

Ccr：20ml/min±；

Ⅱ°：Scr≥707μmol/L；

Ccr：10ml/min±；

Ⅲ°：Scr≥1060μmol/L；

Ccr：5ml/min±；

三、中医辨证

按中国中医药学会消渴病专业委员会 1992 年 5 月 18 日拟定的消渴病辨证诊断参考标准（中国医药学报 1993（8）3：55）进行辨证。

（一）早期（肾功能正常期）：268 例。此期可见到四种正虚证型，六种邪实证候。

1. 四种证型：

Ⅰ型（肝肾阴虚）：共 109 例，占早期总数的 41%。主症：具有肝、肾、气、阴虚的主症。

Ⅱ型（肺肾阴虚）：共 72 例，占本期的 27%。主症：具有肺、肾、气、阴虚的主症。

Ⅲ型（阴阳气虚）：共 70 例，占本期总数的 26%。主症具有肝、脾、肾、气、阴、阳虚的主症。

Ⅳ型（脾肾阳虚）：共 17 例，占本期总数的 6%。主症：具有脾、肾、气、阳虚的主症。

DN 早期Ⅰ型比例最高（41%）；Ⅱ、Ⅲ型次之；Ⅳ型最少（6%）。

2. 六种邪实证候：DN 早期病程可长达几年、十几年。本组病人有瘀血证者 100%；另外 60%以上的患者有气郁、结热、燥热证；30%的病人有湿热证。

（二）中期（肾功能失代偿期）：200 例，多因 DN 早期治不及时或治不得法，正虚未复，邪实不除，久则致肾体劳衰，肾用失司，浊毒内留，进一步耗气、伤血、损心。证型与证候多加重。浊毒内留所致症状复杂，尚未找到特异性指标，故用 Scr>132.5μmol/L 为定期标准。

1. 五种证型：

Ⅰ型（气血阴虚、浊毒内留）：72 例，占中期病例的 36%。主症：具有气、血、肝、肾、阴虚的主症，并有浊毒内留。

Ⅱ型（气血阳虚、浊毒内留）：24 例，占本期病人的 12%。主症：具有气、血、脾、肾、阳虚的主症，并伴浊毒内留。

Ⅲ型（阴阳气虚、浊毒内留）：40 例，占本期病例的 20%。主症：具有气、血、阴、阳虚的主症，加浊毒内留。

Ⅳ（肺肾气虚、浊毒内留）：28 例，占中期病人的 14%。主症：具有肺、肾、气、血虚的主症，并伴浊毒内留。

Ⅴ型（心肾气虚、浊毒内留）：36 例，占中期病例的 18%。主症：具有心、肾、气血的主症，并有浊毒内留。

本期 DN Ⅰ、Ⅲ型病人较多，Ⅱ、Ⅳ型次之，Ⅴ型最少。

2. 证候：除早期六种证候仍可见到外，DN 中期还可有以下三种证候：

痰饮：主症为常有咳痰、胃脘停饮等，有一项即可定证；

虚风内动：主症有颤、转筋、抽搐等，有两项可定证；

浊毒伤血：主症为鼻衄、龈衄、肌肤衄等，有两项可定证；

（三）晚期（尿毒症期）：100 例。所见证型和证候与 DN 中期基本相同，但证情加重，症状增多；并可见到浊毒伤神证：常有心烦急燥或神情淡漠等；还有浊毒伤心证：心悸胸闷、动则气喘、不能平卧等。DN 晚期，瘀血证仍为 100%。

四、DN 与其他血管病变并存，随着 DN 病情发展，视网膜病变、冠心病、脑血管病变增加，而高血压在 DN 病程中常有起伏，其规律尚不十分明了。

治疗方法

一、基础治疗：

（一）食量：总热量25～35卡/公斤体重/日，糖占总热量55～65％。偏胖者用25卡，而糖占65％；偏瘦者用30卡，糖占55％，其余热量由蛋白质和脂肪补足。DN早期可按DM饮食供给。DN中、晚期应按肾功能衰竭饮食供给，即优质蛋白高热量饮食。DN中期蛋白供给40～30g/日，优质蛋白应＞1/2；DN晚期蛋白给予30～20g/日，优质蛋白应＞2/3，有浮肿者，每日供盐应＜5g；尿量少时应予低钾饮食。

（二）降糖药物选择：DN患者应首选糖适平，但肝功欠佳或口服降糖药效果差者，应改用胰岛素，以保证每天有足够的糖量摄入，保护肝功能。

（三）血压若＞18.68/11.97Kpa（140/90mmHg），选用心痛定或开博通，或尼莫地平，以有效地控制血压。

（四）心理治疗：患者必须了解DN，并给予足够的重视，以免发展加快；但又不要过度担心。根据本组病例，DN也有长寿达80岁以上者。应认真对待，合理治疗，即使进入晚期，也不必过度忧愁，有条件者早做透析治疗，以利保护肾脏。血色素＜8g/dl者，可用促红细胞生成素，利于保护心脏，也有助于改善患者心情。

（五）在专科医生指导下进行轻缓运动，还可以练习气功，有利于生活质量的提高。

二、辨证论治：

（一）早期

Ⅰ型：益气养阴，滋补肝肾。主方：黄精　生地　山萸肉　何首乌　女贞子　旱莲草　牛膝　黄连　赤芍　丹参

Ⅱ型：益气养阴，滋补肺肾。主方：沙参　麦冬　元参　生地　山萸肉　地骨皮　黄连　丹皮　丹参

Ⅲ型：调补阴阳。主方：党参　当归　金樱子　芡实　生地　女贞子　旱莲草　黄连　丹参

Ⅳ型：益气健脾，助阳补肾。主方：生芪　苍术　当归　猪苓　木香　砂仁　厚朴　芡实　金樱子　肉桂　黄连　川芎　山楂

（二）中期与晚期

Ⅰ型：益气养血，滋阴降浊。主方：太子参　当归　白术　猪苓　川芎　白芍　生地　牛膝　熟大黄　元明粉

Ⅱ型：益气养血，助阳降浊。主方：生芪　当归　红参　猪苓　川芎　苍术　厚朴　附片　赤芍　熟大黄

Ⅲ型：调补气血阴阳，降浊利水。主方：党参　当归　金樱子　芡实　女贞子　旱莲草　川芎　熟大黄　附片　丹参

Ⅳ型：调补气血阴阳，清肺降浊。主方：沙参　当归　桑白皮　麦冬　五味子　桃仁　杏仁　陈皮　熟大黄　冬虫夏草

Ⅴ型：益气养心，活血降浊。主方：太子参　麦冬　五味子　当归　丹参　川芎　泽泻　葶苈子　大枣　熟大黄

（三）据证候加减用药

1. 气郁中满先用下方：柴胡　白芍　枳实　甘草　丹皮　山栀　当归　白术　厚朴　茯苓　熟大黄。

2. 血瘀者加重丹参、川芎用量；甚者选加桃仁、红花、三棱、莪术等。

3. 湿热中阻用茵陈五苓散合平胃散。湿热下注，用加味四妙散。

4. 燥热不解用葛根、天花粉、石斛配入增液汤；生地可用大量。

5. 结热不除用生石膏、寒水石、生大黄、番泻叶配入葛根。

6. 热毒出现加银花、连翘、黄芩、黄连、紫地丁。

7. 痰饮不去用补中益气汤合苓桂术甘汤。

8. 虚风内动加木瓜、钩藤、白芍、生草；甚则用羚羊角、生龙骨、生牡蛎、瓦楞子。

9. 浊毒伤血者选加三七粉、广角粉、生地、丹参、生蒲黄。浊毒伤神加人参、珍珠母、大黄。浊毒伤心加人参、麦冬、五味子、丹参、川芎、葶苈子等。

（四）疗程

早期病人四周为一疗程；中、晚期患者两周为一疗程。

疗效分析

一、疗效评定标准

（一）显效：①基本症状消失；②蛋白尿：早期Ⅱ°消失，Ⅲ°及中、晚期下降1/2以上；③肾功能：早期保持正常，中、晚期患者BUN、Scr均下降>25%；④Hb：早期正常，中、晚期上升25%以上；⑤血糖、血脂近于正常；⑥体重向标准方向发展。

（二）好转：①症状减轻；②尿蛋白减少；③肾功能有改善；④Hb有提高；⑤血糖、血脂有改善；⑥体重向标准方向发展。

（三）有效：以上六项指标均稳定，或其中四项以上有改善。

（四）无效：未达到上述标准者。

（五）死亡：指疗程内死亡者。

二、疗效分析

（一）临床症状：DN早期268人，疗后症状基本消失68人，占25%；减轻163人，占61%；稳定37例，占14%；总有效率达100%。说明DN早期治疗的重要性。DN中期200例，疗后症状减轻136人，占60%；稳定54例，占27%；8人加重，2例死亡，总有效率为95%。DN晚期100例，疗后症状减轻27人，只占27%；稳定43人，占43%，总有效率为70%。晚期病人加重20例，死亡10人。

（二）尿蛋白定量：DN早期268例病人24小时尿蛋白定量疗后有明显降低，经统计学处理，$P<0.05$；其中24人的24小时尿白蛋白排泄量也明显降低（$P<0.05$）。

（三）肾功能：DN中、晚期病人疗后肾功能情况有改善。中期统计198例病人，疗后Scr与BUN有明显下降（$P<0.05$），Hb明显上升（$P<0.05$）。晚期统计90例患者的Scr、BUN，均有明显下降，Hb上升，P值均<0.05，有显著意义。说明DN晚期治疗也能有效，但疗效降低，难度加大，死亡率增加，本组即有12例在治疗过程中死亡，故未做检查统计。

（四）血、尿β_2-m：一般认为β_2-m是反映肾小球滤过功能较敏感的指标。β_2-m为小分子蛋白，经滤过后99.9%由近曲小管重吸收和降解。肾小球滤过功能下降后，血β_2-m升高；肾小管功能减退，则尿β_2-m增高。对DN中期46例病人血、尿β_2-m的观察结果显示，疗后血β_2-m显著下降（$P<0.05$），而尿β_2-m降低不明显（$P>0.05$）。说明经治疗后，肾小球滤过功能有改善，但肾小管功能改善不明显。

（五）其他指标：疗后血糖、血脂均明显改善（$P<0.05$）；糖化血红蛋白改善不甚明显（$P>0.05$）；120例偏胖患者的体重均有下降，向标准体重方向发展。

（六）DN各期疗效比较：DN早期显效率为27%，总有效率为100%；中期无显效者，总有效率是95%；晚期总有效率为70%。

讨　论

一、DN的病因病机和分期：DN的病因病机尚不十分清楚，一般认为与遗传、高血糖等因素有关。高血糖不仅使血浆渗透压升高，还可使肾脏对钠的重吸收增加，刺激心房释放利钠因子，该因子使入球动脉扩张，出球动脉收缩，于是肾小球形成高灌注，滤过率增加，此时定为DN早期Ⅰ°。高血糖持

续，使糖基化基膜蛋白、胶原蛋白、系膜蛋白增加，导致基膜变性，筛孔增大，蛋白漏出增多，出现尿蛋白，此时定为DN早期Ⅱ°。进一步发展，尿蛋白增多，加之静脉压力加大，组织间液回流障碍，出现浮肿；也有的病人出现大量蛋白尿，血浆白蛋白迅速下降<3g%，因血管内胶体渗透压降低而发生浮肿，但肾功能正常，此时定为DN早期Ⅲ°。糖基化蛋白久则产生有害物质（黑素），可以损害组织，形成典型的病理变化，为结节型和/或弥漫型。由于肾单位的毁损，肾小球滤过率下降，血肌酐等有害物质潴留体内，当Scr≥1.5mg/dl时，定为DN进入中期Ⅰ°，Scr≥2.5mg/dl为Ⅱ°，≥3.5mg/dl为Ⅲ°。若治疗不得法或未认真对待，病情发展加快。当Scr≥5mg/dl时，定为DN进入晚期Ⅰ°，这时病情已较严重，防治措施需要加强。有条件者最好借助透析治疗，以保护残存肾单位。Scr≥8mg/dl为Ⅱ°，Scr≥10mg/dl为Ⅲ°。DN到晚期Ⅱ°、Ⅲ°时合并症增多，并已影响到心脏，病情危重，多数因严重心力衰竭、脑血管病、感染而导致死亡。但如果治疗措施得当有力，生存时间还可延长。

二、中医分型辨证：按中医理论，以正虚定证型，邪实定证候。同一种疾病的病人，只能归为几种证型中的一种。但证候可以有一种或一种以上同时存在于一个患者身上。本组病人568例，采用全国消渴病专业委员会拟定的辨证诊断参考标准定证。早期Ⅱ°、Ⅲ°病人168例，见到四种证型、六种证候。中期见到五种证型、九种证候。晚期证型与中期相同，但证候增加，往往是几种证候同时出现在一个病人身上，所以病情明显加重。这种分期辨证方法，对研究疾病发生、发展、转化规律，指导临床，寻找新的防治方法，估计病情轻重程度及予后有一定作用。

三、本组DN病人的分析和治疗结果提示：

（一）发病年龄：最小36岁，最大83岁。DN高龄病人多为发现早，治疗认真得法者；但也有发现晚的高龄DN病人。年龄差别大的原因尚不清楚，但应知道DN病人也有高龄达83岁者。

（二）病程：最短者1年，最长达40年。病程长短的原因虽不清楚，但从病程长的DN病人看出疗效：发现早。治疗认真和得法是主要因素。

（三）疗效：早期病人治疗效果最好，中期疗效较差，晚期最差。本组病人治疗结果说明，早发现和认真、得法（即适合病人自已的方法）的治疗，是使DN病者生存时间延长，生存质量提高的关键。

Treatment of 568 Cases of Diabetic Nephropathy by Stages According to Syndrome Differentiation

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Based on the summarization of the treatment and prevention experience from the whole history and whole world, combined with modern medical theory and laboratory technique, the author defined the types by deficiency and defined the syndrome by excess and divided 568 cases of diabetic nephropathy patients into three stages and degrees. An overall treatment method by stages according to syndrome differentiation was performed. The total effective rate of early, middle and late stages were 100%, 95%, 70% respectively. The laws and methodology of stages, syndrome differentiation, prevention, treatment and efficacy evaluation were discussed in this paper.

Ⅱ型糖尿病辨证分型与红细胞胰岛素受体缺陷的关系

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大量研究表明，胰岛素抵抗是Ⅱ型糖尿病的显著特征。产生胰岛素抵抗的原因很多，如病人血循环中有胰岛素拮抗物等，可是更重要的是由于胰岛素与其受体结合不正常或受体后缺陷所致。近年来，糖尿病辨证分型的客观化及证的本质研究，日益受到重视。但分析其现状，多在探讨分型与胰岛β细胞功能及某些胰岛素拮抗物的关系，而采用受体放射配基等先进技术，从胰岛素受体结合这一环节来探讨辨证分型与胰岛素抵抗的研究，尚未见报道。本文以57例Ⅱ型糖尿病患者和18例非糖尿病者为观察对象，按照全国统一的辨证分型标准进行辨证分型，以红细胞胰岛素受体结合参数为反映胰岛素抵抗的指标，从受体环节探讨Ⅱ型糖尿病辨证分型与胰岛素抵抗的关系。

对象与方法

一、对象：

Ⅱ型糖尿病57例均系本院第一附属医院糖尿病专科及综合病区的病人，诊断标准符合WHO1985年规定；经临床和实验室检查排除有高血压、冠心病、脑血栓形成、肾病等合并症病例；女性均系绝经后妇女；其中男性26例，女性31例，平均年龄59.6岁，体重平均超重6.38%。非糖尿病级组为本院综合病区体检者和其他病人，经检查各系统无器质性病变和内分泌疾病，共计18例；其中健康者8例，上呼吸道感染者5例，骨关节炎者5例；男性7例，女性11例，平均年龄57.8岁，体重平均超重5.8%。

57例Ⅱ型糖尿病患者按照卫生部药政局1988年制定的辨证分型标准，分为阴虚热盛、气阴两虚、阴阳两虚三型。其中阴虚热盛型14例，占24.6%；气阴两虚型26例，占45.6%；阴阳两虚型17例，占29.8%。

二、试剂与方法

1. 主要试剂

^{125}I—胰岛素，比放射性202μci/μg，购自中国原子能科学研究院同位素研究所。

结晶胰岛素，活性单位25Iμ/mg，上海化学试剂采购站分装厂产品，用0.1%BSA缓冲液G稀释为1ng/ml～10^5ng/ml的不同浓度，分装成套，－20℃存放，临用前取出缓慢解冻混匀后使用。

2. 实验方法

实验对象均清晨空腹静脉采血2ml，肝素抗凝，按Gambhir法制成所需浓度（5～6×10^9/ml）的红细胞悬液，当日按杨利民建立的微量法进行红细胞胰岛素受体测定。其中温育温度采有4℃下温育24小时的条件进行，反应总体积为0.1ml。用北京核仪器厂FT—646微机放免测量仪测红细胞层放射性。以浓度为10^5ng/ml的标准胰岛素管为非特异性结合管，计算出各管特异结合率SB%、结合/游离（B/F）比值及结合的胰岛素总量B；以B/F对相应的结合胰岛素浓度作Scatchard图，发现并非一条直线，而且凹面向上的曲线，计算出受体最大结合位点R_0，R_0为Scatchard图延伸与X轴交点时的结合胰岛素浓度，受体数/每个红细胞＝受体结合的克分子数/升×6.023×10^{23}/红细胞数/升；并按De MeytesP法绘制平均亲和力剪影，求出反映受体协同作用的程度和平均亲和力变化的$\overline{ke}$、$\overline{kf}$、$\overline{ye}$、$\overline{yf}$四个参数。

三、统计学处理

各组间比较均用方差分析。

结　果

一、Ⅱ型糖尿病患者红细胞胰岛素受体参数的改变。

如表1所示，57例Ⅱ型糖尿病患者和18例非糖尿病者比较，Ⅱ型糖尿病患者的红细胞胰岛素受体特异结合率显著降低，每个红细胞上胰岛素受体最大结合位点数目显著减少，而平均亲和力无显著差异，说明Ⅱ型糖尿病患者存在红细胞胰岛素受体缺陷。

表1　Ⅱ型糖尿病患者与非糖尿病者红细胞胰岛素受体参数的比较（$\bar{X}\pm S$）

组别	例数	SB%	最大结合位点数/细胞（$\times10^3$）	$\overline{yf}$（$\times10^{-2}$）	$\overline{ye}$（$\times10^{-4}$）	$\overline{kf}$（$\times10^6m^{-1}$）	$\overline{ke}$（$\times10^6m^{-1}$）
Ⅱ型糖尿病者	57	5.58±1.56*	4.68±0.62*	3.81±0.94	1.36±0.31	1.659±0.92	2.23±1.50
非糖尿病者	18	10.95±1.23	10.12±2.18*	4.25±1.05	1.39±0.37	1.24±0.72	2.16±1.45

注：与非糖尿病者比较 * $P<0.01$。

二、Ⅱ型糖尿病辩证分型红细胞胰岛素受体参数的比较。

表2　Ⅱ型糖尿病辩证分型红细胞胰岛素受体参数的比较（$\bar{X}\pm S$）

组别	例数	SB%	最大结合位点数/细胞（$\times10^3$）	$\overline{yf}$（$\times10^{-2}$）	$\overline{ye}$（$\times10^{-4}$）	$\overline{kf}$（$\times10^6m^{-1}$）	$\overline{ke}$（$\times10^6m^{-1}$）
非糖尿病者	18	10.95±1.23	10.12±2.18*	4.25±1.05	1.39±0.37	1.24±0.72	2.16±1.45
阴虚热盛型	14	8.16±1.30△	7.86±2.30△	4.11±1.02	1.45±0.38	1.32±0.69	2.37±1.53
气阴两虚型	26	4.71±1.62△△*	3.96±0.46△△*	3.76±0.63	1.48±0.36	1.35±0.81	2.58±1.86
阴阳两虚型	17	4.56±1.51△△*	3.53±0.41△△*	4.61±0.89	1.24±0.25	1.68±0.86	2.90±1.61

注：与非糖尿病比较，△$P<0.05$，△△$P<0.01$；与阴虚热盛型比较，* $P<0.01$。

从表2可见，阴虚热盛型红细胞胰岛素特异结合亲和受体数目较非糖尿病者明显降低，差异有显著性（$P<0.01$），而平均亲和力无显著差异；气阴两虚型、阴阳两虚型的红细胞胰岛素特异结合率和受体数目较非糖尿病者及阴虚热盛型均显著降低（$P_{均}<0.01$），且阴阳两虚型的降低又明显，但与气阴两虚型比较无显著差别，二组平均亲和力亦无显著差异。

讨　论

一、Ⅱ型糖尿病红细胞胰岛素受体缺陷的特点：

胰岛素抵抗包括周围靶组织对胰岛素的敏感性和反应性减低，胰岛素受体缺陷则是胰岛素敏感性降低的主要原因。已知胰岛素是通过细胞膜上的胰岛素受体起作用，其作用受细胞膜上受体密度和亲和力变化的调节。富氏报告肥胖型Ⅱ型糖尿病的高亲和力胰岛素受体结合位点及亲和常数明显下降，认为肥胖型Ⅱ型糖尿病的病因与胰岛素结合不良（缺陷）有关。陈氏发现Ⅱ型糖尿病患者的脂肪细胞膜胰岛素受体结合百分率较正常低，受体数目也显著减少。Defronzo RA 指出，Ⅱ型糖尿病患者脂肪细胞结合胰岛素显著减少，且与胰岛素抵抗的严重程度密切相关；Scatchard 图分析表明，胰岛素结合率减低是由于受体数目减少所致，而受体亲和力没有改变。本组Ⅱ型糖尿病患者的红细胞胰岛素受体特异结合率降低，Scatchard 作图分析，是受体数目减少所致，而非亲和力有改变，说明Ⅱ型糖尿病患者存在红细胞胰岛素受体缺陷，其特点是红细胞胰岛素受体数目减少及其特异结合率降低，而平均亲和力无显著改变。

二、Ⅱ型糖尿病辩证分型与红细胞胰岛素受体缺陷及胰岛素抵抗关系的探讨：

本研究表明，阴虚热盛型红细胞胰岛素受体数目及其特异结合率均较非糖尿病者明显下降，但与后两型相比，此型下降较轻，说明阴虚热盛型的红细胞胰岛素受体缺陷相对较轻。气阴两虚型和阴阳

两虚型的红细胞胰岛素受体数目及其特异结合率较阴虚热盛型显著降低，且阴阳两虚型下降最明显．但两组比较无显著性差异，提示气阴两虚型和阴阳两虚型的红细胞胰岛素受体缺陷较重，由受体缺陷所致的胰岛素敏感性降低可能是气阴两虚型和阴阳两虚型的显著特征之一。

已有研究报道：阴虚热盛型糖尿病肾上腺皮质、髓质功能增强，而cAMP接近正常，cAMP/cGMP比值显著升高；气阴两虚型和阴阳两虚型cAMP/cGMP比值降低，而肾上腺皮质、髓质功能有一定的增强。可见，Ⅱ型糖尿病辨证分型与胰岛素抵抗之间也存在一定的关系，阴虚热盛型主要是血中胰岛素拮抗物增高，受体缺陷较轻，胰岛素抵抗不明显；气阴两虚型和阴阳两虚型表现相似：胰岛素抵抗明显，受体前、受体和受体后缺陷都存在，但主要是受体和受体后缺陷所致。

Ⅱ型糖尿病属中医消渴病范畴，消渴病的基本病理是阴虚热盛，即热盛耗伤肺胃肾的津液，导致气阴两虚，病久则气虚及阳或阴损及阳导致阴阳两虚。鉴于阴虚热盛型多见于Ⅱ型糖尿病的早期阶段，气阴两虚型和阴阳两虚型多见于病程的中晚期，本研究分型结果之差异反映Ⅱ型糖尿病的胰岛素受体缺陷随病程延长而加重、随虚损加重而明显。阴虚热盛型胰岛素受体缺陷较轻，若治疗不当，发展为气阴两虚、甚至阴阳两虚型，则胰岛素受体缺陷较重，胰岛素抵抗明显，使治疗更加困难；因此，早期治疗、控制病情可延缓红细胞胰岛素受体缺陷和胰岛素抵抗的产生和发展。阴虚热盛型受体缺陷较轻，胰岛素抵抗不明显，故治疗的重点是辨证论治；气阴两虚型和阴阳两虚型受体缺陷较重，胰岛素抵抗明显，因此，中医治疗不仅要辨证论治，而且应对症治疗，选择能减轻胰岛素抵抗的方药方能提高疗效。所以，本研究不仅初步揭示了辨证分型与红细胞胰岛素受体缺陷的关系，从受体环节丰富了"证"的本质认识，而且对Ⅱ型糖尿病治疗方案的选择具有一定的指导意义。

Relationship between Syndrome and Defect of Erythrocyte Insulin Receptors in NIDDM

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57 patients of NIDDM were divided into various groups by syndrom differentiation of TCM and 18 cases of NIDDM were taken as control. The relation of syndrome and defect of the erythrocyte insulin receptors were studied with the percentage of specific insulin binding to erythrocyte, number and average affinity of erythrocyte insulin receptors. The results were: (1) the patients of NIDDM had defect of erythrocyte insulin receptors whose characteristic was the decreased number of insulin receptors; (2) slight defect of erythrocyte insulin receptors was found in syndrome of deficiency of yin and hyperactivity of heat-evil, but serious defect in the syndrome of deficiency of both vital energy and yin, in the syndrome of deficiency of both yin and yang. Above data suggested that: (1) the longer course of NIDDM, the more serious defect of erythrocyte insulin receptors, early treatment of TCM might prevent development of defect of erythrocyte insulin receptors and insulin resistance; (2) it is necessary for sydrome of deficiency of both vital energy and yin, and sydrome of deficiency of both yin and yang to be treated with chinese materia medica of decreasing insulin resistance.

胰岛灵对四氧嘧啶性糖尿病大鼠红细胞胰岛素受体及脂质过氧化物的影响

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一、胰岛灵配方的立法依据

1. 糖尿病与脾虚

糖尿病属于中医学消渴病的范畴，宋以来多以三消论治。而我们认为糖尿病的发生与脾虚有密切关系。《素问·脏气法时论》载曰："脾病者，身重善饥"。《灵枢·本脏篇》载曰："脾脆，善病消瘅"。《素问·奇病论》载"此人必数食甘美而多肥也，肥者令人内热，甘者令人中满，故其气上溢，转为消渴"。均说明脾虚是消渴病的重要病因。

脾为后天之本，气血生化之源，脾之衰直接影响着其他脏腑的生理功能。《脾胃论》云"五脏受气于六腑，六腑受气于胃"，"胃者十二经之源，水谷之海"。可见五脏赖于胃气的滋养，而五脏之气皆源于胃气，"大抵脾胃虚弱，阳气不能生长，是春夏之令不行，五脏之气不生"。《内经》云："饮入于胃，游溢精气，上输于脾，脾气散精，上归于肺，通调水道，下输膀胱，水精四布，五经并行"。可见在生理上，饮食入胃，在胃和小肠消化吸收后，必须依赖于脾的运化功能，才能将水谷化为精微，并将其"灌溉四旁"，即所谓"脾主为胃行其津液者也"。没有脾的这种生理功能，五脏便失其所养。脾与胃同居中焦，一阴一阳、一升一降，互相滋生互相制约。脾虚则胃无所制，则"胃伏火邪于气分，则能食。"也有人证实，脾虚证，血清胆碱脂酶降低，引起胃肠平滑肌收缩加强，打破了胃肠过动的相对稳定状态，导致胃肠推进运动的加快，而表现为脾虚胃旺，热郁阳明而消谷善饥，肾关不固，精微下流，而出现消瘦，即王叔和所谓"多食亦肌虚"。"肺金受邪，由脾胃虚弱而不能生肺，乃所生受病也"（《脾胃论》）。就是说脾胃虚弱，不能散精归肺而肺虚，加之脾虚阳明伏火，携心火上灼，耗液伤津而出现口渴引饮，气虚息短，即所谓"形衰气衰"。脾虚日久，肾水必然反侮脾土，肝木必然复乘脾土，出现肝肾虚弱之象，在临床上出现肾关不固而多尿，肝肾阴虚而出现足软无力，精神困倦嗜睡，腰背疼痛、阳痿等证。甚则出现真阳衰微之象。由此可见，脾虚可致五脏柔弱，一则脾虚水谷之气不能化为精微充荣之气，致使五脏之气皆弱；二则脾虚不能运化水谷，积热于中焦；三则脾虚气弱，无力摄血行血，而致血行瘀滞。综上所述在脾虚的影响下可出现气虚、阴虚、燥热、血瘀等病理状态，而且这种病理状态可单独出现，也可合并出现。目前较公认为证型为气虚，气阴两虚，阴虚燥热，阴阳两虚及血瘀等证。从解剖形态学角度来看，古人把胰归属在脾的范畴。王慎轩云："脾两古人统称为脾"。已有人证明胰与脾在生理及病理上有密切关系。在治疗上多以健脾益气养阴为主，以赵献可论曰"脾胃既虚，则不能敷布其津液，故渴。其间纵能食者，亦是胃虚引谷自救，若概以寒凉泻火之药，如白虎承气之类，则内热未除，中寒复生，能不未传鼓胀邪？唯七味白术散，人参生脉散之类，资意多饮。"《张氏医通》亦载曰："食已如饥，胃热消谷，阳明脉盛、心火上行，面黄肌瘦，肠满胁胀，小便赤涩，七味白术散。"周慎斋认为治此病"专补脾阴之不足，用参苓白术散"。以上论述都认为治疗糖尿病重在健脾。近年已有人从现代科学技术角度探讨糖尿病的发生与脾之间的内在关系。认为糖尿病患者的胃电参数均较正常人明显降低，并表现为脾虚组的波型，提示了糖尿病脾虚的存在。总之，中医学有关为脾的副脏的认识，现代医学关于胰腺为消化腺的生理解剖理论，以及糖尿病的症状学特点，都提示糖尿病的病机重点在脾虚，这也是我们导师在《内经》基础上提出的糖尿病脾虚论的重要依据。

2. 胰岛灵处方的确定

以上讨论了糖尿病的发生是以脾虚为主，进而出现气虚、阴虚、燥热、血瘀等复杂的病理过程，因

此，我们以健脾益气，养阴活血清热为组方依据，合理地组成胰岛灵处方。以红参、黄芪均有降血糖作用。丹参可改善外周循环，提高常压条件下肌体的耐氧力，加快微循环血液流速、增加毛细血管网，并能抑制凝血、激活纤溶。整个处方即抓住糖尿病的病机关键——脾虚气弱，又兼配了糖尿病病变过程中可能出现的阴虚、燥热、血瘀等病理变化，共收健脾益气、养阴清热活血之功。

一、胰岛受体理论及胰岛灵对其相关参数的影响

近年来更多的实验表明，靶细胞质膜表面和细胞核上都存在与INS专一结合的受体蛋白。而在对INS敏感的细胞中，INS具有增加糖元，脂类和蛋白质合成的多种作用。INS能促进细胞对葡萄糖、氨基酸和离子的摄取，增加细胞内酪氨酸和色氨酸的磷化作用，调整调节酶的活性，刺激或抑制特异性基因的转录，以及促进细胞的生长。尽管许多组织或细胞的特异性，使细胞对INS的反应性不同，但INS都是通过IR而发挥作用的。因此说INS要发挥作用，首先必须和细胞表面具有高特异性，高亲和性的受体结合。现已证实IR是靶组织细胞膜上的一种固有糖蛋白，与INS结合有很强的特异性。

INS与IR的结合具有负协同效应。现已证明靶细胞膜上存在两亲和力的受体。一种是高亲和力构型受体，使标记激素慢解离、低占据位。另一种为低亲和力构型、它的解离快，但具有很多的占据位置。受体—受体相互作用会导致受体亲和力发生变化，Keyt用"负协同效应"来描述这种相互作用。即一种受体占据结合位点，就会限制其它受体的结合，而相应亲和力亦下降。另外，受体浓度的订调节者是INS本身，在体内外部已证明受体浓度与其环境中的INS浓度有反比关系，这种现象称为同源型受体调节，也称"下降调节"（Downte go lation）。同时IR也受以下因素影响：①遗传因素引起IR浓度下降。这种受体数量的减少不因限制饮食等而改善。由于受体低于一定限度，虽然受体对于IN亲和力是正常的，但INS不能发挥正常的效应，这种抗INS性往往很严重，使得此类病人虽然维持较高的INS浓度，仍然不能控制血糖的升高。②肥胖者的脂肪细胞体积增大可使受体浓度下降。脂肪细胞体积增大使其胞膜上单位面积受体浓度有所下降。按照受体学说的理论，激素对受体的占领有一定的比例，激素分子与一个受体分子结合，改变了受体的空间构型，由此可抑制邻近受体的亲和力。而EIR是以多聚体形式存在于胞膜上。因此当脂肪细胞增大时，仅表现为各多聚体密度的降低，而多聚体各亚单位（受体）之间的距离并不增加，负协同性仍然存在，所以肥胖者脂肪细胞增大只降低了受体的浓度，而不提高受体的亲和力。由于脂肪形成时需要INS的增加，促使胰岛β细胞分泌大量的INS，所以肥胖型糖尿病患者血浆INS浓度并不低，甚至稍高于正常人。根据负性调节或下降调节的规律，激素能降低自身受体的水平，高血浆INS可使其膜受体减少。而因此产生的高血糖又可激到INS分泌，这便造成了肥胖型糖尿病患者血糖与INS水平"你追我赶"的局面。③糖皮质激素过多也可降低IR对INS的亲和力。

目前，从临床到动物实验，都已成功地研究了糖尿病与IR的关系。受体数目下降，亲和力异常以及受体结合后障碍，包括受体酪氨酸激酶活性和自身磷化作用障碍等，是糖尿病INS抵抗的重要原因。IR异常主要存在于NIDDM中，大多数NIDDM血中INS水平并不降低，甚至升高，但外周组126I—INS结合下降，说明有IR数目降低。最近发现某些NIDDM不仅有IR数目下降，同时伴有自身磷酸化作用和受体激酶活性下降，但其IR异常的原因有待进一步研究。目前，国内外研究了与INS抵抗有关的患者的外周组织与循环血球之间的关系，发现大多数情况下外周血球和单核细胞等IR数目，亲和力及结合后缺陷与脂肪组织、肌肉组织、肝、肾组织等相关，并确定了EIR测定方法。因此我们采用RBC易于制备的特点，研究EIR，反映机体IR情况。

1. EIR结合实验条件

影响IR反应的因素主要有反应时间、PH浓度、RBC浓度A_{14}—INS浓度等。本实验结果：30℃保温，反应60分钟结合率达到最高点。缓冲液PH值在8.0值时特异性结合率最高，RBC浓度与结合率成正比关系。A_{14}—INS以100%pg/ul时特异性结合率最高，故确定反应条件为：温度30℃，反应时间为60分钟，RBC浓度为4.6×10^2个/ul，A_{14} INS浓度为100pg/ul，并在反应过程中加以震荡，促进反应，这个条件所制作的结合竞争抑制曲线校好，结合率最高，其特异性结合率为20.64%，非特异结合率为2.56%。一次测定的平均变异系数（CV）为6.80%。

2. 胰岛灵对IR浓度的影响

本组实验在没有药物作用情况下q_2与FPG呈正相关（正常对照组$r=0.8878$，$P<0.01$；alloxan对照组$r=0.7942$，$P<0.05$），而无论有无胰岛灵作用，FPI与q_2均呈负相关，说明q_2与INS有下降调节作用，与文献报道一致。正常大鼠给予胰岛灵后，NIB增加（$P<0.01$）、FPG下降（$P<0.05$）而FPI无改变（$P<0.05$）；可以认为q_2增加是胰岛灵的作用结果。而q_2增加可使NIB提高，FPG下降。

在alloxan组给与胰岛灵后，FPI显著增加（$P<0.01$），说明胰岛灵具有修复alloxan破坏的胰岛β细胞，并促进其分泌INS的作用。但INS增加量远未达到正常组FPI水平（$P<0.01$），与正常对照组FPI比较仍然很低，而NIB高于正常对照组，甚至高于正常给药组（$P<0.01$），FPG恢复正常水平，q_2明显提高，甚至高于正常给药组（$P<0.01$），提示胰岛灵对alloxan大鼠不但具有修复胰岛β细胞作用，还能够提高IR数目，由此而提高KIB，而使KPG下降。

胰岛灵对高结合位点q_1无明显作用，给药组与对照组相比无差（$P>0.05$），且FPG、FPI与q_1均无显著相关性，说明胰岛灵降糖作用与q_1无关。

alloxan对照组q_2高于正常对照组，alloxan给药组q_2高于正常对照组和正常给药组，而FPI相对较低，可以认为其IR数目增加是INS水平降低后“上升调节”结构。

3. 胰岛灵对IR亲和力的影响

正常组给予胰岛灵后，k_1均提高（$P<0.05$），alloxan组给药后，也提高（$P<0.05$），但k_1与FPI、FPG均无相关性，说明胰岛灵降糖作用与k_1无关。k_1的增加可能是由于q_2的增加，根据受体作用规则，使q_1降低，而引起的。无论是正常组还是alloxan组，给予胰岛灵后k_2均下降，这一点与李氏结果相似，是受体负协同作用的结果。alloxan组k_2低于正常对照组，说明还有下降调节的作用参与其中。

三、胰岛灵对LPO的影响及LPO与受体参数的相关性讨论

近年来，自由基在生物体系中已成为一个非常活跃的领域。一些学者提出了自由基在实验性糖尿病发病机制中的作用，认为胰岛β细胞抗氧化酶——超氧化物岐化酶、过氧化氢酶（CAT）和谷光甘肽过氧化物酶（G—SH—Px）活性相对较低，因而对氧自由基介导的损害非常敏感。动物体内及体外胰岛细胞培养的实验提示：alloxan具有产生自由基的功能，其致糖尿病作用是由于自由基，主要是羟自由基（OH）介导的。脂质过氧化作用是指在不饱和脂肪酸中发生一系列自由基反应，它以链式和链式支链反应的形式形成脂质过氧化物（LPO）。LPO含量反映机体脂质过氧化速率和强度。本组实验结果显示：alloxan对照组LPO高于正常对照组（$P<0.01$）提示alloxan能够降低体内抗氧化能力，而使LPO增高。胰岛灵能够降低LPO含量，以alloxan组更显著（$P<0.01$），正常组虽然下降，但无统计学意义，提示胰岛灵具有抗脂质过氧化作用。

本组实验结果还显示：LPO与q_2呈负相关。与q_1、k_2无相关。提示体内脂质过氧化作用增强，会导致q_2的减少，由此可以看出，LPO增加，可使靶细胞IR数目减少，而产生糖尿病。此结论与Berglund的推论一致。LPO与其他脂类成分一样，可以参与人体内各种生物膜的构成，包括细胞。含有过多的LPO的生物膜在结构与功能上都存在异常，其抗衡非特异损伤的能力及自身稳定性均有下降：。张氏的观察结果认为细胞膜的流动性下降是IR缺陷的原因，那么细胞膜的流动性下降是否与LPO增加有关，尚未见报道，值得进一步研究，而胰岛灵提高IR数目的作用是否是由于降低了LPO含量而改善了细胞膜的流动性，也有待进一步深入研究。

目前研究结果认为糖尿病LPO增加，以并发微血管病者更明显，胰岛灵具有明显的降低LPO作用，由此可以推断，胰岛灵可以防治糖尿病微血管并发症。

四、胰岛灵药效机制探讨及临床意义

糖尿病是由于INS绝对或相对不足而引起的一种代谢紊乱性疾病。在临床上很多NIDDM病人的INS分泌正常或较正常人高，但仍然表现为高血糖状态，因此我们称之为INS相对不足，更确切地说是INS效应不足。它包括周围靶细胞对INS的敏感性和反应性降低。近年研究认为：IR缺陷是INS敏感性降低的主要原因，IR后障碍是INS反应性降低的主要原因。

INS的代谢过程是在靶细胞内完成的。INS要发挥作用，必须首行与细胞膜或细胞内的IR结合，然

后经过一系列代谢过程发挥作用。INS 生理效应方程为：

$E = f(K|H||R|)$

E 是效应值，K 是受体亲和常数，|H|是激素浓度，|R|是受体浓度。三者中任何一个发生变化都可以影响效应值。从式中我们可以看出，如果|H|一定，影响 E 的只有 k 和|R|，从实验结果来看 K 的变化受|H|的调节，也受|R|的调节，因此主要矛盾在|R|。近年来国内外研究一致认为，NIDDM 的 NIB 和 IR 数目明显低于正常人。在 NIDDM 中 FPG 增高刺激 INS 分泌增加，降低了 IR 浓度，使组织对 INS 敏感性下降，其结果是 FPG 进一步增高刺激 INS 分泌，形成了疾病发展的恶性循环。由此看来解决受体这一环节是很有临床意义的。因此，近十年来，人们一直在探寻能够直接对 IR 产生影响的药物。Kahn 发现未经处理的无肥胖成年人发病的糖尿病患者，当服用磺脲类降糖药氯磺丙脲时，FPG 降低，IR 增加，但此两者都不能恢复正常，Orobng 发现口服降糖药二甲双胍可使 EIR 的结合能力增加，主要是低亲和力的受体结合位点增加。李氏报导吡磺环已脲的持续降血糖效应，可能与增加 IR 数目而改善靶细胞对 INS 的敏感性有关，但 Caninvet 认为 NIDDM 患者身上吡磺环已脲不改变 RBC 内 IR。关于中药对 IR 的影响国内外报导甚少，有人曾在体外实验观察天花粉、黄精、玄参、知母等单味药的水提液对正常人 EIR 的影响，结果未见 EIR 数目提高，但有关中药的体内研究尚未见报道。本研究初步证实了胰岛灵能够提高 EIR 数目，降低 LPO 浓度，从而达到降糖目的，弥补了治疗糖尿病药物的不足。

临床上人们观察到正随着年龄的增长，LPO 增加，而 NIDDM 发病也大都随年龄增加而发病。LPO 增高是人体衰老的体现，脾为后天之本，随年令的增加而会出现脾虚气弱，表现为气虚，阴虚之症。糖尿病人 LPO 增高，本组实验也证实 alloxan 大鼠 LPO 增高，而服用胰岛灵可使 LPO 下降，从而可以认为糖尿病发病的根本在脾虚是有临床和实验依据的。采用健脾益气、养阴清热活血之法治疗糖尿病有着重要的临床意义。

The Effect of Yidaoling on Insulin Receptors and Lipid Peroxide on Enythocytes from Alloxan Diabetic Rats

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We approached effects of YidaoLing on insulin receptors on erythocytes and lipid peroxide (LPO) in plasma from alloxan diabetic rats. 1. Fasting Plasma glucose (FPG) in alloxan and normal rats after treatment were significantly lower than that in control. (the ratios of decreasing were 57.8%, $P<0.01$ and 10.2%, $P<0.01$). Fasting plasma insulin (FPI) in alloxan rats after treatment were significantly greater than that in alloxan control ($P<0.012$), whereas there was no significant difference in normal subjects ($P<0.05$). The results show that YidaoLing can repair pancreaticβ-cell of alloxan rats. 2. The rate of insulin binding to erythrocyte in normal ($14.38\pm0.095\%$) and alloxan ($20.19\pm0.276\%$) rats were greater than that in control ($23.72\pm1.419\%$), $P<0.01$; $28.70\pm0.130\%$, $P<0.01$), respectively. Scathard figure shows that receptors has two affinity site. Receptor concentration at low affinity site (q2) in normal and alloxan rats after treat ment were greater than that in control subjects (the ratio of increasing were 82.3%, $P<0.01$ and 60.9%, $P<0.01$), respectively. q2 before ($r=-0.7683$, $p<0.05$) and after ($r=-0.7582$, $P<0.05$) treatment were significantly inverse ratio with FPI in alloxan rats. There was no significant effect on insulin receptors concentration at high affinity site (q1) and high affinity profile (k1) and low affinity profile (k2)

in normal and alloxan rats. The results suggest that YidaoLing could increse q2 significantly. 3. LPO in alloxan rats (1. 349±0. 1727) after treatment was lower than that in control (2. 126±0. 3530, $P<0.01$). The results suggest that Yidao Ling can resist on LPO in normal and alloxan rats before ($r=0.9097$, $P<0.01$; $r=-0.6865$, $P<0.05$) and after ($r=-0.7853$, $P<0.05$; $r=-0.8963$, $P<0.01$) treatment was significantly inversely related with q2. The above results suggest that effect of Yidao Ling on insulin receptors may be related with LPO.

糖复康治疗Ⅱ型糖尿病及其脂代谢紊乱患者的临床研究

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Ⅱ型糖尿病（NIDDM）的发病，以气阴两虚居多，合并脂代谢紊乱者，多兼有瘀血阻滞。糖复康为成都中医学院糖尿病课题组以益气养阴、活血化瘀为其治疗法则及组方指导思想，融汇长期治疗糖尿病的经验，精选药物研制而成的治疗NIDDM及其脂代谢紊乱的新药，为了验证其治疗效果，我们在临床上收集了200例NIDDM及NIDDM脂代谢紊乱患者，用糖复康对其进行治疗，并与新一代具有降糖降脂作用的药物达美康对照，观察了糖复康的治疗效果。为进一步探讨糖复康的治疗机理，我们还检测了收治患者治疗前后FBG、PBG、24h尿糖定量、IRI、TG、TC、高密度脂蛋白（HDL-C）、低密度脂蛋白（LDL-C）、极低密度脂蛋白（VLDL-C）、动脉硬化指数（AI），载脂蛋白A_1（$ApoA_1$）、载脂蛋白B100（ApoB100）。

糖化血红蛋白（GHb）及血液流变学指标的变化情况。

中医学认为，NIDDM的发病，以气阴两虚居多，并兼有瘀血阻滞，合并高血脂者，多兼见血瘀。糖复康具有益气养阴、活血化瘀之功，组方针对病机、标本兼顾，故治疗NIDDM患者，取得了较好的疗效，其总有效率达89%，与达美康对照组疗效（88%）相当。糖复康对NIDDM患者的疗效，以气阴两虚（兼瘀）型最佳（98.7%），阴虚热盛（兼瘀）型次之（75%），阴阳两虚（兼瘀）型较差（41.7%）。糖复康对患者的口渴多饮、小便清长、易饥多食症状的改善，与达美康组相当，对溲赤便秘，倦怠乏力、气短懒言、面色无华、耳鸣腰酸、胸闷憋气、手足麻木、视物昏花等症状的改善，显著优于达美康组。糖复康可显著降低NIDDM患者的FBG、餐后2hBG、24h尿糖定量，升高空腹IRI水平，糖复康的这些作用、与达美康组相当。

NIDDM合并高脂血症患者存在着严重的脂代谢紊乱和发生动脉硬化的危险，糖复康可显著降低其异常升高的TG、TC、DLD-C、VLDL-C AI及ApoB100水平，升高降低的HDL-C、$ApoA_1$水平，其作用优于达美康对照组，这对于纠正NIDDM患者的脂代谢紊乱、防治其血管并发症、有着重要的意义。

糖复康可显著降低NIDDM患者异常升高的Hr、Lr、Br水平，其作用优于达美康组，这些作用，有利于NIDDM血管并发症的防治。

糖复康的降糖作用疗效确切，并且有改善全身症状、调节脂代谢紊乱、防治血管并发症、服用方便、无明显毒副作用等特点。

Clinical Study of Tangfukang in Treating NIDDM and Diabetic Hyperlipemia

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The results of the study showed that the effective rate of TangFukang on the patients with NIDDM was 89%, it was equal to the rate of diamicron. TangFukang had better action of improving the patients' symptoms, such as thirst, overeating, diuresis, constipation, tired, pale face, tinnitus, chest distress, etc. The levels of FBG, PBG, glucose in urine, GHb of the patients were significantly higher than that of normal group. TangFukang could lower the levels of FBG, PBG, glucose in urine and GHb, raise the level of IRI significantly. The level of BG of the patients was controled better after the patients had been treated with the recipe for 2 months. The mechanism of lowering BG of the recipe could have something to do with the action of raising the level of IRI. The actions of improving the abnormal indexes with our recipe were equal to that with diamicron.

The results also showed that the levels of TG, TC, LDL—c, VLDL—c, ApoB100 and AI of the patients with NIDDM combined hyperlipemia were significant higher than that of the normal group, the levels of HDL - c and ApoA of the patients were significant lower than the normal group. These prompted that there were dangerous factors of causing and developing atheroscleorsis and atherosclerotic cardiopathy in the patients with NIDDM combined hypertipemia. TangFukang could lower the levels of TG, TC, LDL—c, VLDL—c, ApoB100 and AI, raise the levels of HDL—cand ApoA of the patient significantly. These actions of the recipe were better than that of diamicron. The results prompted that the recipe not only had action of curing the patients with NIDDM combined hyperlipemia, but also had actions of preventing and curing many kinds of diabetic complications.

The levels of Hr, Lr and Br of the patients with NIDDM were significantly higher than that of the normal group TangFukang could lower the levels of the abnormal indexes The actions of the recipe were better than that of diamicron.

学习祝谌予治疗糖尿病临证心得

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祝谌予教授是我国一代名医施今墨的传人，他继承并发展了施老的学术思想。祝老精于医理、勤于临床，学验俱丰，辨证严谨，拟方多法、遣药精专、疗效卓著。医理源于岐黄，汲取历代各家之长。祝老授业，倾囊施教，其临床经验流传甚广，可谓桃李满天下。

祝老认为，糖尿病属于祖国医学消渴病的范围，《内经》称之为“消渴”“消瘅”，王焘著的《外台秘要》记载了消渴病“每发即小便至甜”宋代之后按本病“三多”症状轻重之不同，分为上、中、下三消。本病之因与体质因素，过食肥甘，嗜酒，房劳以及精神因素有关。其中以喜食膏腴，嗜酒和精神过度紧张三者综合发病者较多。致使消渴病的机理为积热伤阴，耗损肺、脾（胃）、肾诸脏。热伤肺阴，则津液干枯，不能敷布，故多饮而烦渴不止；热伤胃阴，则胃火炽盛而多食善饥，肌肉消瘦；热伤肾阴，则肾阴不足，肾气亏虚，固摄无权，精微不藏，尿多而频，尿甜或为膏脂。临床表现为多饮、多食、多尿而人体消瘦等症状。因此，糖尿病有三消症状者才相当于消渴病。本病虽有热在肺胃肾之分，其病理则均为阴虚火盛，其病本则在肾。因为肾藏精、主水，为水之本。前人治本病，一般用滋阴清热法，从肺、脾（胃）、肾三脏论治，治消之方数以百计。祝老治本病是根据中医理论结合施老及其本人的经验，认为消渴病虽有虚实之分，然三消之证多虚，正如《灵枢・本脏篇》云：“心脆，则善病消瘅热中”，“肺脆，则善病消瘅易伤”，“肝脆则善病消瘅易伤”，“脾脆，则善病消瘅易伤”，“肾脆，则善病消瘅易伤”。故祝老治糖尿病之有消渴证者，以增液汤，生脉散合玉锁丹，再加苍术配元参（降血糖），生黄芪配山药（降尿糖），两对药组成基本方。从肺、脾、肾三脏入手，尤以脾肾为重点，着重先天后天两方面滋养培本论治，屡见显效。总之，祝老治疗糖尿病之理，源于岐黄及历代各家之长，但又不拘泥于古人之论；继承了施今墨老先生的经验，结合个人临床体会而加以发展，祝老 1943 年毕业于日本金泽大学，对西医也有深厚的基础。他在治学中，贯彻了“古为今用，洋为中用，推陈出新”的方针。

六十年代在北京中医学院就读期间，我们有幸随祝谌予老师学习，1979 年祝老应邀到山东作糖尿病的专题报告。五年以后，祝老应邀到青岛为军队医院讲课，我又有幸当助手，感到祝老治疗糖尿病的经验较前有了新的发展，祝老讲了糖尿病的辨证分型和治疗方法，现将治疗部分整理，并谈谈临证心得。

一、辨证分型治则及主方：

阴虚型治则：滋阴生津，兼予活血。主方：北沙参、麦冬、枸杞子、当归、川楝子各 10 克，丹参 30 克，生熟地各 15 克，葛根 15 克。

阴虚火旺型治则：滋阴降火，兼予活血，主方同上，随症加清热药（见脏腑辨证用药）。

气阴两虚型治则：益气养阴、兼予活血。主方：生黄芪、玄参、丹参、生牡蛎各 30 克，山药、党参、麦冬、五味子各 10 克，苍术、生熟地、葛根、茯苓各 15 克。

气阴两虚火旺型治则：益气养阴降火，兼予活血。主方同上，随症加清热药。

阴阳两虚型治则：温阳育阴、兼予活血。主方：桂枝、山药、山萸肉、丹皮、泽泻各 10 克，生熟地、茯苓、葛根各 15 克，制附片 5 克。

阴阳两虚火旺型治则：温阳育阴降火，兼予活血。主方同上，加知母，黄柏各 10 克。

瘀血型治则：活血行气为主、兼予治本。主方：木香、当归、川芎各 10 克，益母草、丹参各 30 克，

赤芍、葛根、生熟地各15克。

上述治本诸方宜随证加减，灵活运用。

二、脏腑辨证用药

在上述分型论治的基础上，结合脏腑辨证再予以加减。

肾阴虚遗精，加知母，黄柏各10克；足后跟痛加木瓜10克，青黛5克；尿淋沥不尽加生白果10克。肝阴虚，眼睛干涩，视物模糊加枸杞子、菊花、青葙子各10克，草决明15克；胁肋疼痛和茜草根、泽兰各10克，痛甚加玄胡索、郁金各10克。肺阴虚，渴饮无度加天花粉，蛤粉各30克。胃阴虚，口中少津加玉竹15克；不思食加乌梅，鸡内金各10克，心阴虚，失眠、健忘加女贞子10克，首乌藤20克；多梦加白薇10克；心悸加菖蒲、远志各10克。

心火旺，加黄连6克，黄芩10克，连翘10克，若口舌生疮加生蒲黄10克，升麻5克，蒲公英30克。肝火旺，加柴胡10克，龙胆草6克，肺热盛，加桑白皮15克，蛤粉30克，黄芩10克，胃火旺，加生石膏30克，知母10克；若牙龈肿痛出血加大小蓟，生蒲黄各10克；消谷善饥加玉竹15克，生熟地各30克。

心气虚，脉结代者加桂枝10克。肺气虚、加大黄芪的量，可用至50～60克。脾气虚，便溏加白术10克，生薏仁30克。

肾阳虚，阳痿加仙灵脾15克，阳起石30克；腰冷加肉桂3克；尿淋沥不尽，夜尿多加生白果、补骨脂各10克。脾阳虚，便溏，大便中有不消化食物且次数较多加赤石脂，禹余粮各15克。心阳虚，心悸，脉结代者桂枝量可用至20克。

三、糖尿病合并症的治疗

糖尿病合并症的治疗，极其复杂，目前正在探索之中。

合并肝炎，转氨酶高者加茵陈30克，土茯苓、板蓝根各15克，蒲公英25克，出现黄疸加黄芩15克，茵陈30克；肝脾肿大加合欢皮，白蒺藜各10克。

合并脑血管意外，半身不遂，属气血失调者，予以调气活血为主。血压高者，用血腑逐瘀汤加减；血压不高者，用补阳还五汤加减。我们经验，对收缩压偏高者加白芍，舒张压偏高者加莲子心。配合微波针治疗，可加速康复。

合并冠心病，症见胸闷刺痛者，为气血瘀阻，脉络不通，加红花、羌活，川芎各10克，赤芍、菊花各15克。据临床观察，加服三七粉2～3克分冲，可改善心肌供血。肾阳虚者加仙灵脾30克，不仅可解除阳虚症状，亦可改善心肌供血。

合并肾病蛋白尿者，加白花蛇舌草30克、川断10克，加大黄芪量至60克；镜下血尿者加生荷叶，生艾叶，生侧柏，大小蓟各10克，旱莲草，车前草，血余炭各15克。

合并尿道感染者，症见尿浊、尿热、尿频、尿急、尿痛等，为湿热下注膀胱，加萆薢30克，菖蒲、乌药、车前子，滑石各10克，石苇15克。

合并末梢神经炎，症见四肢窜痛、皮肤灼痛者、为脉络不畅，加鸡血藤，络石藤、海风藤、钩藤各15克，威灵仙10克（四藤一仙汤）。

合并脉管炎，症见患肢胀痛，指甲及肤色发暗者，加苏木，刘寄奴，地龙，红花各10克，穿心莲15克，鸡血藤30克。我们观察发现，外用炒葱叶布包热敷患处效佳。

合并视网膜病变，加青葙子、谷精草各10克，草决明30克，枸杞子10克，菊花12克。眼底出血较重者加茺蔚子10克，大小蓟各15克，或云南白药一瓶分8份，日服2份。

合并皮肤感染，疖肿频生，为热毒蕴血，加黄芩、黄柏各10克，黄连6克，蒲公英、马齿苋各30克。我们临床用三黄均加甘草，有实验证实，可使抑菌作用增强3～5倍。

近几年我们上述方法治疗糖尿病，患者均有不同程度的好转。对西药有依赖性的患者遵祝老所示，逐渐使西药减量直至全部停用。其中部分患者已停用中西一切药物，症状及尿糖均已消失，血糖亦在正常范围。

四、体会

祝老看病遵循中医四诊八纲，辨证施治的原则。既要明确中医的证，又要明确西医的病，如同属消渴病，要诊明尿崩症还是糖尿病，采用辨证与辨病相结合的方法，用药针对性强，因而临床效果好。祝老对糖尿病除用望、闻、问、切宏观辨证查明症状外，还要与微观辨证相结合，重视血糖、尿糖、酮体以及合并症的检查，对疾病的证型、病因、病机、病位以及所有可能得到的定性，定量检查资料，都尽可能的掌握，治疗中不断复查，以判断疾病的进退。当症状消除，但检血仍有血糖偏高者，此时组方选药便重用有降糖作用的中药。在祝老处方中，经药理研究证实，有降糖作用的中药，出现频率较高的，如人参、黄芪、白术、苍术、黄精、生熟地、玄参、麦冬、知母、天花粉、玉竹、枸杞子、首乌、五味子、仙灵脂、葛根、泽泻、茜草、菊花等。治疗合并症用药也是如此，如合并皮肤感染者用黄连、黄芩、黄柏、蒲公英、马齿苋等清热解毒药，据现代药理研究证实，这些都是有广谱抗菌作用的药物。

祝老善用对药，临床效果突出，我们体会祝老用对药不是1+1=2，而是大于2，他不仅反映了相须为用，且能增效减毒，而且具有了新的药理作用。

总之，多年来，运用祝老的经验治疗糖尿病，辨证与辨病相结合；宏观辨证与微观辨证相结合；针对证或症状使用对药，深感得心应手，屡见卓效。故多次向同道推荐祝老治疗糖尿病的经验，望能共同学习研究，使其广为流传，以济世活人。

What I Have Learned from Clinical Treatment of Diabetes by Zhu Shenyu

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This article presents history and development of ZHu Shenyu's treatment of diabetes, diabetical division of types. Principles of treatment and main recipes, diabectical drug-using according to Zang--Organs and Fu Organs.

Treatment of complicated diseases and what we have learned on clinical treatment from professor Zhu's dialectical treatment of diabetes and is linked with disease diagnosing. He combines macroscopic diabetics with microscopic one. He used "pairs of drugs" according to syndrome or symptom.

Strengthen therapeutic effects by mutual promotion. We find that professor Zhu use "pairs of drugs" to reach strengthen therapeutic effects. It's not 1+1=2. It is more than two (>2). It is not only mutual; promotion, strengthens therapeutic effects, but also decreases the drug's toxicity. And a new efficacy is produced. Every priniciple of treatment is combined with promoting blood circulation. Every main recipe goes with drugs of promoting blood circulation. The effects of clinical treatment are better than the routine drug-using. This is Professor Zhu's great and important developmentin treatment of diabetes.

中药黄芩治疗消渴病兼症的作用和地位

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黄芩是中医临床常用的一味中药，有着二千多年的应用史。随着现代中药药理研究的发展，为黄芩的临床应用提供了更加科学的理论依据。同时，人们又在前人对黄芩认识应用的基础上，产生了新的认识，发现了新的用途。黄芩在治疗消渴病兼症方面的作用有了新的突破，我们就有关文献资料和我们的实践经验综述报告如下：

一、祖国医学对黄芩的认识：

祖国传统医学对黄芩的认识和应用有着悠久的历史。从感知到认识经历了几千年，积累了丰富的经验。中医认为黄芩味苦、性寒，归肺、胆、脾、大肠、小肠经，能清热燥湿、泻火解毒又可止血安胎；用于湿温、暑温、胸闷呕恶、湿热痞满、泻痢、黄疸、消渴、高热烦渴、血热吐衄、痈肿疮毒、胎动不安等。现存的第一部本草专著《神农本草经》将黄芩列为中品，并详细记述了它的性味功效，认为它味苦、平，主诸热黄疸，肠澼泄利，逐水，下血闭，恶疮疽蚀、火疡。而后历代医家、本草著作又都不断丰富了黄芩的应用，如张仲景治伤寒心下痞满，泻心汤等四方皆用黄芩以其主诸热，利小肠故也；又太阳病下利不止，有葛根黄芩黄连汤，朱丹溪言黄芩治上、中二焦火。《药品化义》言"专泻大肠下焦之火，主治大便秘结，小便淋浊，少腹急结……"，上述论述均用黄芩清热燥湿、泻火解毒、止血安胎等功效。用黄芩治疗消渴病兼症的记载虽少，但并非没有先例。《千金方》之加减三黄丸，应用黄芩组方治疗男子五劳七伤、消渴、不生肌肉、妇人带下、手足寒热者。方中重用黄芩，春三月，黄芩四两，大黄三两，黄连四两；夏三月，黄芩六两，大黄一两，黄连七两；秋三月，黄芩六两，大黄二两，黄连三两；冬三月，黄芩三两，大黄五两，黄连二两。不难看出黄芩在此方中的作用与地位；在《温病条辨》中有黄芩滑石汤治疗消渴兼见中焦湿热者。《宣明论方》中的栀子金花丸；《金匮翼》的消渴方也应用了黄芩。

二、消渴病兼症的发病机理：

消渴病日久，除了三多症状以外，常出现肢体麻木、疼痛，甚则青紫溃烂，心慌、气短、眩晕、胸痛，神物不清等兼症，即糖尿病合并高血脂、动脉硬化、高血压、肾病、视网膜病变及心肌病变，感染及周围神经病变和血管病变。其机理为：消渴病日久，热邪入络，瘀阻血脉，气血运行不畅，不通则痛，故出现肢体麻木疼痛，甚者热毒结聚成疽，故下肢痈疽或青紫溃破。现代医学认为，糖尿病慢性并发症，与多种因素有关，其中多元醇通路激活，山梨醇等产生堆积，造成细胞渗透性水肿等改变及继发的肌醇代谢紊乱，钠泵活性下降，血管通透性增加，组织蛋白的非酶糖化为其基本病理改变。糖尿病人多存在血液粘稠度上升，脂代谢紊乱、动脉硬化等，上述改变是糖尿病周围神经病变，微血管病变、视网膜病变、肾脏病变等共同的病理基础。

三、现代药理研究对黄芩的认识：

现代药理研究认为，黄芩药理作用有：1. 抗病原微生物的作用，对多种革兰氏阳性、阴性球菌和杆菌均有抑制作用，抑菌的有效成分为黄芩甙，黄芩历来被用于清热解毒与其广谱抗菌作用相符。

2. 抗炎抗过敏作用；黄芩中黄酮类成分对急慢性炎症有效，机理与黄芩抗花生四烯酸代谢有关，同时可使细胞内CAMP水平升高，抑制抗原与IgE结合，并抑制肥大细胞释放炎症介质，并阻断这些介

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质的变态反应。

3．降脂、护肝、利胆作用：可降低甘油三酯及总胆固醇水平，升高高密度脂蛋白——胆固醇水平，护肝利胆。

4．镇静降压作用：黄芩汤剂与黄芩甙有明显镇静作用；其降压作用已为临床和动物试验所证明，其机理认为是抑制了血管运动中枢所致。

5．抗氧化作用：黄芩对两个途径所生成的过氧化脂质都有显著的抑制，有可能成为有前途的临床抗氧化剂。

6．抗血栓作用：黄芩的多种有效成分均可抑制血小板的聚集，抑制纤维蛋白原转化为纤维蛋白，阻止血栓的形成，其机理为抑制 TXA_2 的合成酶，使 TXA_2 生成减少，同时升高 CAMP 水平，抑制血小板 12--脂氧酶活性，减少 12—HETE 的合成，从而使血小板聚集性及粘附性明显下降，所以黄芩具有抗血栓形成和防治动脉硬化的效能。

7．对醛糖还原酶有较强的抑制作用：有资料表明，黄芩甙可明显降低糖尿病鼠的红细胞山梨醇的含量与用药前血糖变化不相关。证明是通过抑制 AR 活性而实现的，这一点对于糖尿病慢性并发症的治疗有着非常大的意义。

四、我们应用黄芩治疗消渴病兼症的体会

根据传统医学的认识和现代药理研究的结果，近年来，我们选用黄芩组方治疗消渴病兼症有下肢疼痛、麻木不仁，甚则青紫溃破的患者取得了较好的临床效果。治则为益气养阴清热，兼以活血化瘀通络。从中医角度讲用黄芩清热解毒之功效以治湿热蕴结，瘀血之青紫溃破；从西医角度讲用其抑制 AR 活性、降低神经组织中的山梨醇含量以改善、恢复组织细胞功能，同时其降脂、护肝、利胆、镇静、降压、抗氧化、抗血栓形成的作用均对糖尿病慢性并发症很有益处。在近几年临床实践中，也证实用药后患者肢麻腿痛、青紫溃破等症状明显改善，一周内即产生效果，四周后微循环神经传导速度、血流变均有明显改善，从临床实践证实了黄芩在治疗消渴兼症中有着非常重要的作用和地位。

关于黄芩清热燥湿的功效对阴虚为本的消渴病是否加重伤阴或其苦寒伤脾，我们临床观察其组方中益气养阴的药物完全可以制约其性燥伤阴的弊端。临床应用近百例气阴两虚兼有血瘀的消渴病人均无上述问题出现。

当然，完全从中医的辨证角度将黄芩用于治疗各种证型的消渴病兼症，似有许多不通之理，但黄芩的现代药理研究及糖尿病慢性并发症的病因病理研究资料，均显示黄芩应用于治疗糖尿病并发症有着非常重要的意义，我们临床应用的良好疗效也证实了这一点，因此我们认为黄芩在治疗消渴兼症中有非常重要的作用和地位，应当加以推广应用。

The Effect of Scutellaria Root in Treating Diabetic Accompanying Symptoms

Lü Jingzhong, et al.

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This article expounded Chinese medicine Scutellaria Root's function in treating diabetes accompanying symptoms in four sides.

1. The traditional function. Property of the drug, record and cases in treating diabetes and it's accompanying symptoms.

2. The knowlege diabetes and it's accompanying symptoms in both traditional Chinese medicine theory and Western medicine theory.

3. The new discover of Scutellaria Root in the research of modern pharmacology and pharamacological action.

4. The use of scutellaria root in treating diabetes accompanying by the author and the clinical curative effect and some points attention in forming a prescription with scutellaria root.

奇可力胶囊治疗糖尿病 42 例

山东中医学院附属医院　程益春

笔者与淄博市沂源奇可力有限公司共同研制奇可力胶囊治疗非胰岛素型依赖糖尿病，取得较为满意的疗效，现将 42 例资料完整病例总结如下。

1. 一般资料

本组 42 例，其中男性 30 例，女性 12 例，30 岁以下 4 例，31～40 岁 7 例，41～50 岁 12 例，51～60 岁 17 例，61 岁以上 2 例，年龄最小 27 岁，最大 73 岁。病程最短 1 年，最长 13 年。本组病例无严重并发症。

2. 诊断标准与治疗方法

2.1　诊断标准采用 1982 年全国糖尿病学术会议标准。

2.2　治疗方法

方药组成：奇可力　花粉　山楂　丹参经研制成颗粒装入胶囊，每服 9 克，每日三次，二个月一个疗程。服西药降糖药物二个月效果不显可加服奇可力胶囊。

3. 疗效标准及疗效

3.1　疗效评定标准，参照 1979 年全国糖尿病会议标准。

显效：治疗后症状消失，空腹血糖降至正常，24 小时尿糖定量在 5g 以下，或空腹血糖及 24 小时尿糖定量下降 50%以上（指超过正常的绝对值）。

有效：治疗后症状明显好转，空腹血糖下降至 150mg%（8.4mmol/L）以下，24 小时尿糖定量下降 30%以上。

无效：治疗二个月，未达到有效者。

3.2　疗效结果

显效 11 例，有效 25 例，无效 6 例。总有效率为 85.7%。

4. 典型病例

王某，女，54 岁，教师。

病史：患糖尿病 3 年，经用降糖灵、中药养阴清热方剂，疗效不佳而就诊。全身倦怠乏力，肌肉酸痛，口干多饮，多尿，形体消瘦，面部虚浮色晦暗，舌质暗红有瘀斑，脉细涩。化验：空腹血糖 12.3mmol/L，24 小时尿糖定量 13 克。

辨证：气阴两伤、血瘀症结。

服用奇可力胶囊 2 个月，临床症状基本消失，化验空腹血糖 7.2mmol/L，24 小时尿糖定量 4.7 克。

5. 讨论

糖尿病属中医学“消渴病”的范畴。其病因认为，不论七情内伤，房劳过度，或厚味，饮酒等，其形成糖尿病的病机都是以虚为本。根据临床实践我们认为糖尿病是以脾虚为本，脾虚而致湿滞，由于肝郁犯脾，而致脾虚，脾虚而致血瘀阻滞。因此，我们研制成“奇可力胶囊”治疗Ⅱ型糖尿病取得较好的疗效。天然植物奇可力学名菊苣，经北京中医学院分析，含有九种维持生命的氨基酸及人体必需的十二种微量元素。实验证明奇可力有明显的促进胰岛素分泌的作用。中医认为奇可力、花粉有益气醒脾主津之功能，山楂、丹参具有活血化瘀之功效，上述药物共奏益气醒脾、活血化瘀之功效。笔者根据 1979 年及 1982 年全国糖尿病学术会议制定的糖尿病诊断及疗效评定标准，应用奇可力胶囊治疗

42例Ⅱ型糖尿病人取得较好疗效，本组病人均无严重并发症。其结果显效11例，有效25例，无效6例，总有效率为85.7%。我们将对奇可力胶囊进一步做临床及实验研究，力争早日推广用于临床。

Treating 42 Cases of Diabetes with Qikeli Capsule

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Diabetes is belonging to the category of "Xiaoke" in Traditional Chinese Medicine. The pathogenesis is deficiency no matter what the cause is such as internal injuries of the seven emotions, over sexual courses, oil food and alcohol. According to clinical practice, we consider it is caused by deficiency of the spleen resulting in damp—stagnation, liver—stagnation attacking the spleen brings about the deficiency of spleen and it results in blood stasis. "Qikeli" Capsule has good effect in treating type Ⅱ diabetes. The natrual plant Qikeli is named as "juju"(菊苣). It contains 9 kinds of life amino acid and 35 kinds of necessary microelements found by Beijing University of TCM. Laboratory proved that Qikeli has function of promoting the secretion of insulin. TCM pharmacologic analysis proved that Qikeli and snakegourd root have the function of benefit Qi and producing body fluid, hawthorn fruit and root of red sage have the function of promoting blood circulation and remove blood stasis.

The writer treated 42 cases of diabetes of non—dependent type with Qikeli capsule, 2 months is a course, 9 grams per time, 3 times per day. Examination of blood sugar in empty abdomen before and after taking medicine, and 24 h. urine sugar fixed quantity have been done according to the diagnosis standard made in 1979 China diabetes meeting and the curative standard made in 1982 Chinese diabetes meeting.

This group, male 30 cases, female 12 cses, 41—65 years old 29 cases, no serious complication in the group. Treating result, clear effective 11 cases, effective 25 cases, no effective 6 cases, the total effective rate is 85. 7%. This prescription in being researched further in the clinic and laboratory, it will be applied to the patients to relieve their suffering.

中医从脾论治糖尿病研究

——附津力达口服液治疗糖尿病的实验与临床研究

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一、中医从脾论治糖尿病的理论探讨

糖尿病以渴而多饮，饥而多食，小便频多，或尿有甜味，肌肤消瘦为临床特征，与中医学的消渴病基本相合。既往述及本病中医病理机制者，论病变脏腑则责于肺胃肾，论病机则以“阴虚燥热”概括之，论治疗则专重于养阴清热。然而试问：消渴者何以饮水连连不解其渴，所饮之水反直趋下焦而为小便频频，何以消谷多食不为肌肤，饮食精微外泄而形体日见消瘦？且消渴发病多与体质肥胖有关，肥人多痰湿，何以痰湿素盛之体反易患“阴虚燥热”之疾？笔者认为：这种矛盾病理现象的出现主要由于机体水液代谢与输布，饮食精微转输与利用的紊乱及不平衡状态所致，在这一病理过程中，脾的转输功能失常至关重要，从脾去探讨消渴病的治疗亦不容忽视。

1．脾虚：《灵枢・五变》篇说：“五脏皆柔弱者，善病消瘅”，既言五脏，脾当然在其中，况《灵枢・本藏》篇复云：“脾脆，则善病消瘅易伤”，《晋・王叔和脉诀》曰：“脾胃虚，口干饶饮水，多食肌亦虚”，亦可作其注脚。2．药物伤脾：《素问・腹中论》云：“夫子言热中消中，不可食芳草石药，石药发癫、芳草发狂……恐内伤脾”，明确指出药物伤脾可引起消渴，张子和在《儒门事亲》中对此作了解释：“夫石药之气悍，适足滋热，与热气相和，必内伤脾，此药石之渴也”。3．饮食滞脾化热：《素问・奇病论》曰：“脾瘅，此肥美之所发也，此人必数食甘美而多肥也，肥者令人内热，甘者令人中满，故其气上溢，转为消渴”。

综上所述，可知论消渴者，虽以肺胃肾而分上中下三消，实皆与脾的病理变化有关。故近代名医张锡纯云：消渴古虽有上中下之分，其证皆起于中焦而极于上下，中焦卒病而累及脾，脾气不能散精达肺则津液少，不能通调水道，则小便无节，是以渴而多饮多尿。张氏所云：“膵”，日本亦称“膵”，在日本有关文献中均把脾称作“膵”，据近代关于脾实质探讨的大量资料表明，中医传统认识中的脾包括了现代医学解剖学上的脾和胰在内，中医脾的运化功能与现代医学的胰的分泌功能有着密切关系，其中也包括糖代谢在内。胰腺分泌胰岛素的相对不足或绝对不足，是引起糖尿病消渴病的基本病生理改变。亦即以脾为主去探讨消渴病的病理变化，是有其现代的说法，亦即以脾为主去探讨消渴病的病理变化，是有其现代病生理基础的。

二、津力达口服液

基于上述认识，我们制定了消渴Ⅰ号（滋脾运津汤）处方（人参、苍白术、茯苓、葛根、玉竹等）健脾助运，益气养阴，上方与铬负载酵母相结合制成津力达口服液，动物实验证实该药有良好降糖及调节脂代谢作用而无明显毒副作用。

从实验结果可看出，津力达口服液有明显的降血糖、抗疲劳作用，可使饮水和摄食量减少，并未出现血糖过低情况。

三、降血脂实验

结果表明，津力达口服液可明显降低血清总胆固醇和低密度脂蛋白水平，提高高、低密度脂蛋白比值，但对高密度脂蛋白水平无明显影响。

四、津力达口服液治疗糖尿病 1120 例临床观察

（一）一般资料本组1120例均系按WHO糖尿病诊断标准确诊。其中男性680例，女性440例；年龄最小者4岁，最大者79岁，20岁以下者65例，21-30岁73例，31-40岁160例，41-50岁303例，51-60岁310例，60岁以上者209例；病程最短者2个月，最长者44年，平均8年；病型属非胰岛素依赖型1064例，胰岛素依赖型56例。中医辨证分型属脾虚失运气阴两虚者940例，占83.9%，阴虚内热者35例，占3.1%，阴阳两虚者145例，占13%；并发冠心病者165例，脑血管病者63例，高脂血症289例，糖尿病肾病16例，眼底改变者137例，周围神经炎23例，糖尿病足病13例，牛皮癣5例，肺结核8例。

（二）治疗方法及疗效判定标准

1. 治疗方法

全部病例均采用津力达口服液治疗，每次2支，日3次，3个月为一疗程。治疗开始时，考虑到中药疗效较慢，原服用西药品种与数量维持不变，重叠使用至血糖下降后逐渐停用西药。

2. 疗效判定标准：

根据卫生部1988年度发布“新药（中药）治疗消渴病（糖尿病）的临床研究指导原则”推荐的疗效判定标准。

（1）显效：治疗后症状基本消失，空腹血糖降至＜130mg/dl，餐后2小时血糖＜150mg/dl，24小时尿糖定量＜10g；或血糖、24小时尿糖定量较疗前下降30%以上。

（2）有效：治疗后症状明显改善，空腹血糖降至＜150mg/dl，餐后2小时血糖＜180mg/dl，24小时尿糖定量在10-25g；或血糖、24小时尿糖定量较疗前下降10-29%者。

（3）无效：经三个月以上治疗，而血糖、尿糖下降未达有效标准者。

（三）治疗结果

1. 疗效结果

1120例中，显效235例（占20%），有效831例（占74.18%），无效54例（占4.82%），总有效率为95.18%。

2. 血、尿糖改善情况

本组病例治疗前后血、尿糖均有不同程度下降，治疗前后对照有极显著的差异。

3. 临床症状改善情况

对改善糖尿病临床症状有显著效果，表现为症状消失及临床自觉症状程度的减轻，同时伴有全身状况的改善及体力的增强。

4. 血脂改善情况

降低血、尿糖，改善临床症状同时，对糖尿病人的脂代谢紊乱有良好调节作用，从而显示该药对糖尿病并发的动脉硬化有积极防治作用。

5. 中医证型对疗效影响

津力达口服液滋脾运津的治疗作用，对脾失健运，气阴两虚型效果最好，对阴虚热盛、阴阳两虚者则次之。

6. 对胰岛功能影响

治疗后血浆胰岛素平均水平较治疗前有较明显提高，且其分泌高峰有前移趋势。

四、结语

本文认为糖尿病的中医病理机制关键在于脾转输功能失常而引起的水谷津液输布和利用上的不平衡及代谢紊乱状态，因而治疗上应重视脾运，助脾运之道并非补益一途，诸凡养阴、益气、化湿、清热、温阳、行气、活血皆可助脾运，贵在切中病机，圆机活法，然举其要，当以“滋脾运津”为大法。

以滋脾运津、益气养阴为主要治则而研制的津力达口服液，经动物实验与临床观察均证实有明显降低血尿糖作用，其总有效率达95.18%，对脂代谢紊乱也显良好调节作用。临床观察证实，该药对改变胰岛分泌功能也起到积极作用，但前后对照例数较少，今后应重点探讨中药对胰岛功能的影响，以便使糖尿病的中医治疗有新的突破性进展。

Treatment of Diabetes from the Spleen Theory of TCM

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According to TCM threoy, DM belongs to the category of "Xiao Ke Disease" and its pathogenesis is generally thought to be drugess heat due to Yin deficiency and therefore it should be treated through nourishing Yin and clearing away heat. But I think the pathogenesis mainly lies in the imbalance and metabolic confusion of transportaton of food stuff and body fluid caused by the disorder of the Spleen's transport function. Thus our Institute developed a kind of new TCM preparation——JinLiDa oral juice by adopting the basic treating method of nourishing spleen and activating body fluid. Animal experiment and 1120 cases of clinical observation turned out a satisfactory curative effect.

中医中药治疗 NIDDM 必须研究胰岛素抵抗

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现已有确凿证据表明，单一胰岛素缺乏不能完全解释非胰岛素依赖型糖尿病（NIDDM），患者对胰岛素不敏感是一个重要的病理因素。现代研究表明，中医中药治疗 NIDDM 有较为确切的降糖效果，在改善症状和防治并发症上有一定的优势，并揭示治疗作用是多途径、多环节、多因素的，既能促进胰岛β细胞分泌胰岛素，又有胰外作用。不少研究者发现，某些中药方对 NIDDM 有较好疗效，但治疗前后血浆胰岛素无明显改变，提示其降糖作用机制不是改善胰岛β细胞功能，很可能是提高了机体及周围组织对葡萄糖的利用率。近来我们实验研究发现加味桃核承气汤能增加糖尿病大鼠肝细胞膜胰岛素受体数目，使靶细胞对胰岛素敏感性增高。我们认为中医中药治疗 NIDDM 的最终目的就是使胰岛素抵抗逆转或减轻，仅改善胰岛 B 细胞功能而不能使胰岛素抵抗减轻，可谓治疗不当或并非理想，寻找能使 NIDDM 的胰岛素抵抗逆转的方药，是当代医学的迫切需要。因此，我们提出"中医中药治疗 NIDDM 必须研究胰岛素抵抗"的命题。

一、胰岛素抵抗是 NIDDM 的显著特征

胰岛素抵抗指血液中正常或高于正常浓度的胰岛素只能引起低于正常的生物效应，表现为胰岛素敏感性减低和胰岛素反应性下降。早在 50 年以前，Himthworth 等就发现肥胖、年老、不易发生酮症的糖尿病患者对胰岛素不敏感。在胰岛素放射免疫测定方法建立以后，许多作者研究发现：①大多数 NIDDM 患者的空腹血浆胰岛素水平在正常范围甚至高于正常，患者同时有高血糖，清楚地说明胰岛素生物效应降低；②NIDDM 患者葡萄糖耐量低减，但血浆胰岛素可能正常或增高，说明有胰岛素抵抗存在；③给有高血糖（>10.0mmol/L）的 NIDDM 患者输入外源性胰岛素，可见血糖下降较慢和低血糖少见，说明机体对胰岛素敏感性和反应性均下降。最近几年来，许多作者采用葡萄糖钳夹技术，发现 NIDDM 患者的葡萄糖代谢率显著降低。因此，胰岛素抵抗是 NIDDM 的显著特征。

二、NIDDM 胰岛素抵抗发生的机制

对于 NIDDM 来说，胰岛 B 细胞分泌产物异常、胰岛素降解加速或血中存在胰岛素拮抗物都不是引起胰岛素抵抗的常见原因，胰岛素抵抗主要是受体和受体后缺陷所致。①受体缺陷，轻度 NIDDM 患者脂肪细胞膜胰岛素受体数目和结合率均显著减低，且与胰岛素抵抗的严重程度密切相关；在中度和重度 NIDDM 患者，胰岛素抵抗更为严重，但胰岛素受体数目和结合率的减低与胰岛素抵抗的严重程度之间不相关：显然单纯受体数目减少不能解释严重的胰岛素抵抗状态。②受体后缺陷，可能发生于以下环节：胰岛素与受体结合后释放的化学介质减少及其与葡萄糖转运系统结合不正常；葡萄糖转运系统本身的异常；葡萄糖代谢通路上各种酶的缺陷等。受体后有缺陷时，即使血浆胰岛素已达到最大生物效应的水平，也不能发挥应有的效应，并按比例随胰岛素水平降低而效应递减。研究结果还表明；高血糖不仅是 NIDDM 代谢紊乱的结果，而且本身也引起受体后胰岛素抵抗；同时高胰岛素血症、低胰岛素血症、血浆脂肪酸、某些抑制物及肥胖等都是引起和加重胰岛素抵抗的因素。

三、改善胰岛素抵抗是中医中药治疗 NIDDM 的重要机理之一

中医中药治疗 NIDDM 的机理是综合调节作用。近年研究表明，中医中药不仅可增加胰岛素分泌，而且具有可喜的改善胰岛素抵抗的作用。刘氏用大黄治疗 NIDDM 大鼠四周后，红细胞胰岛素受体结合力恢复正常。实验结果表明番石榴的降糖成分纯单黄酮甙有明显促进靶细胞胰岛素受体结合的作用。孟氏对八仙长寿汤降糖机制的研究表明，本方不能促进胰岛 B 细胞分泌胰岛素，主要是对糖代谢某一环节的调节作用。滋肾蓉精丸对血清胰岛素水平无影响，但治疗后肝糖原高于对照组，降糖可能与加速

肝糖原的合成有关。熊氏自1986年起用加味桃核承气汤治疗NIDDM，临床与实验研究表明，本方能促进胰岛素分泌，刺激肝糖原的合成，抑制肝糖原的分解，抑制胰高糖素分泌，增加糖尿病大鼠肝细胞膜胰岛素受体数目，从而认为在增加胰岛素分泌、减少胰岛素拮抗物的同时，增加靶细胞胰岛素受体数目，使机本对胰岛素的敏感性增强而改善胰岛素抵抗，是加味桃核承气汤治疗NIDDM的重要机理，值得深入研究。

四、胰岛素抵抗的研究方法

1. 建立胰岛素抵抗的综合评估指标是临床研究的基础。引起NIDDM的胰岛素抵抗是多因素、多环节的复杂大系统，临床常表现为异质性特征。因此，单个指标难以真实反映胰岛素抵抗，必须采用多指标的综合方法，利用数学语言进行量化的评估，确定引起胰岛素抵抗的阈值及其严重程度，不仅可以指导治疗，而且可作为疗效制定的标准。

受体放射分析法测定胰岛素受体是近年发展起来的新技术，肝细胞、脂肪细胞和肌细胞是胰岛素作用的主要靶细胞，但难以应用于临床。国内已建立单个核细胞胰岛素受体放射分析法和红细胞胰岛素受体微量测定法，为了解NIDDM患者的胰岛素受体缺陷提供了有效检测手段，由于取材方便，用血量少，适合于临床研究。国内外开展的葡萄糖钳夹技术和胰岛素耐量试验，观察体内葡萄糖代谢率和葡萄糖利用常数以反映机体对外源胰岛素的敏感性和反应性。NIDDM患者的胰岛素的敏感性和反应性。NIDDM患者的胰岛素受体数目、葡萄糖利用常数和葡萄糖代谢率均较正常人下降，这些建立在实验研究的资料，为用数学方法去描述胰岛素抵抗提供了依据。我们可以根据数理化理论这样一种定性资料处理方法，结合模糊评判进行定量化的模拟，对NIDDM患者的胰岛素抵抗进行评估。产生胰岛素抵抗的许多因素可再分级，如高血糖值、病程、受体数目等，可以给一个论域X上的模糊值，Xi=($x_1-x_2-x_3\cdots\cdots x_n$)；(i=1、2……n)；而对分级指标，可以用xim表示（m=1、2……5），然后通过资料分析对各因素模糊评估。假设在0—1间取值，如血糖以150mg/dl为基础值，每升高10mg/dl作为一个级别，给出作为胰岛素抵抗的贡献值。比如血糖为200mg/dl，其值为0.5，又如以葡萄糖代谢率较正常人降低10%为0，降低60%则为0.5，这样就构成Mxi值的模糊关系矩阵。于是可以建立如下的评估式：$y=\sum_{i=1}^{n} xi\, bi$ $bi\begin{cases}1,\ 有该项因素\\0,\ 无该项因素\end{cases}$然后代入各项检测值，进行运算得出结果。结合临床病例反复调试检验，使近似的符合率上升到最高点，以便前瞻性评估具有可靠性。临床上根据计算值总体符合的程度，确定胰岛素抵抗“无”、“轻度”、“中度”、“严重”的不同阈值。评估结果可作为选择治疗方案提供依据，治疗前后结果比较，可作为胰岛素抵抗是否逆转或减轻的疗效判定标准。

2. 建立NIDDM的病证结合模型是实验研究的前提：目前中医中药治疗糖尿病的实验研究大多借用西医的IDDM病理模型。最常用的是链脲佐菌素（STZ）所致的糖尿病大鼠模型，其特点是胰岛素分泌缺乏所致的高血糖；与人类IDDM相类似；且实验缺乏中医特点，使临床运用价值大减。辨证与辨病相结合是现代中医临床实践的特点之一，因此，有必要建立NIDDM的病证结合模型。刘氏用STZ结合喂养高热量饲料的方法建立了实验性NIDDM大鼠模型，具有超重、糖耐量减退、血脂升高、血清胰岛素升高及胰岛素受体结合力降低的特点，类似NIDDM病人的临床特征。近年已模拟出多种证的动物模型，其中脾气虚证和肾虚证的模型是研究最多、最具代表性的。但单纯证的模型有一定的局限性，很难实际应用，将中医的证和西医的病模拟于同一动物体上的病证结合模型，则可沟通中医证候理论与西医疾病理论之间的桥梁，其特点更接近临床。根据脾虚证和肾虚证是NIDDM的常见证可以采用多因素综合方法，在大鼠脾虚证或肾虚证的基础上，再模拟NIDDM大鼠模型，建立实验NIDDM的病证（脾虚证或肾虚证）结合模型，为阐明中医方药对胰岛素抵抗作用提供新的实验手段。国内刘氏研究表明，胰岛素受体结合力降低是实验性NIDDM胰岛素抵抗的主要原因；张氏研究表明，NIDDM单核细胞对胰岛素的结合能力、进入能力和降解能力的降低与胰岛素抵抗有关；康氏研究认为，胰岛素介体释放量减少是引起受体后胰岛素抵抗的原因；胰岛素治疗使脂肪细胞葡萄糖氧化显著增加，显著提高靶细胞对胰岛素的反应性，即可使受体后胰岛素抵抗减轻；钒酸钠治疗后糖尿病大鼠葡萄糖转运显著增加，而脂肪细胞膜特异结合胰岛素百分率降低，提示钒酸钠是通过影响胰岛素受体结合以后的步骤

而发挥类胰岛素作用的，促进组织细胞的葡萄糖转运可能是其产生降糖的主要环节之一。因此，应不断创造条件，大胆利用先进的检测技术，选择上述实验方法和指标，深入开展中医中药对 NIDDM 胰岛素抵抗改善作用的研究。

五、中医疗法改善胰岛素抵抗的治疗原则和研究重点。

在 NIDDM 的胰岛素抵抗发生发展中，人体内因起着主导作用，个体差异很大，事实证明，不能找出一方一药就能够使胰岛素抵抗逆转，必须在中医整体、恒动观指导下，坚持复杂大系统的治理应是多级、多途径的综合治疗原则，发挥中医整体综合治疗的优势；以深化辨证论治的诊疗体系、提高专法专药专方疗效的确定性和加强及改进非药物疗法的应用为研究重点。

1. 以“证”为先导，展开多层次、多途径的研究，逐步揭示 NIDDM 辨证分型与胰岛素抵抗的关系。辨证论治是中医诊治糖尿病的主要方法和思路，传统辨证论治以望闻问切四诊作为依据，仅凭直觉感官往往不能揭示证的本质。综观近年 NIDDM 辨证客观化研究，都忽略了胰岛素抵抗这一显著特征，因此，辨证论治诊疗体系的深化发展十分必要。必须坚持宏观与微观的统一，按照统一公认的辨证分型标准，采用多学科手段，借助现代科技方法，临床建立反映 NIDDM 胰岛素抵抗的综合评估指标，从细胞水平、受体和受体后环节更深刻地认识 NIDDM 证的本质、逐步找出证的敏感性、特异性指标，揭示辨证分型与胰岛素抵抗的关系及病理产物（如瘀血、痰湿、便秘等）与加重胰岛素抵抗的关系。这样，规范出来的，能反映胰岛素抵抗的 NIDDM “证”才能更好地指导临床实践。

2. 以“病”为中心，开展专法专药专方研究，提高疗效的确定性。中医治疗 NIDDM 有清热、养阴、健脾、补肾、活血、通腑等治法，应从临床和实验研究两方面揭示各法对胰岛素抵抗的作用强弱和机理，为组成具有使胰岛素低抗逆转作用为特征的中药降糖方提供理论基础。现已证实有降糖作用的专药专方计有：人参、知母、苍术、白术、生地、葛根、地骨皮、紫草、灵芝、蜂乳、苦瓜、番石榴、玉米须、八仙长寿丸、玉泉丸、玉女煎、消渴平片、八味地黄丸、加味桃核承气汤等。应系统研究重点药物和有效降糖方对胰岛素抵抗的逆转作用，进一步筛选有效方药，然后组成新复方和新剂型，将会提高中医中药治疗 NIDDM 的疗效。

3. 加强和改进非药物疗法的应用，是中医疗法使胰岛素抵抗逆转的重要辅助措施。近年来，针灸、气功、按摩、食疗等治疗糖尿病崭露头角。如谌氏对 24 例 NIDDM 用针刺治疗，显效率达 45.8%，并观察到针刺后的胰岛素靶细胞受体功能增强是其主要作用机理。沈氏报告鹤翔庄气功有降血糖作用，机理研究表明与促进靶细胞对糖的利用有关。中医非药物疗法，内容丰富，颇具特点，大有发展潜力。首先要努力发掘整理，同时要引入现代检测手段，开展各疗法对胰岛素抵抗作用的研究，将发掘治疗潜力，有助于提高中医中药治疗使胰岛素抵抗逆转的疗效。

Study of the Effect of Traditional Chinese Medicine and Material Medica on Insulin Resistance in NIDDM

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As insulin resistance is a marked feature of non-insulin dependent diabetes mellitus (NIDDM), and improvement of insulin resistance may be the main mechanism of Traditional Chinese Medicine (TCM) and material medica treated in NIDDM, we must study the effect of TCM and material medica on insulin resistance in NIDDM. We believed that ultimate aim of TCM and material medica in treatment of NIDDM was the reversal or decrease of insulin resistance, it is an urgent demand for us to study and produce medicine

of reversalling of insulin resistance in NIDDM.

Then we pointed out the study methods: (1) The basis of study on insulin resistance is to establish the comprehensive index of insulin resistance and integrated model of NIDDM. (2) The principle of treatment is comprehensive measures including material medica, acupuncture and moxibustion, massage, diabetic materia, etc. (3) The focal points of study is to go deep into system of selection of treatment based on differential diagnosis, to raise the reliability of therapeutic effect of method, prescription and material medica.

仙贞片对肾虚血瘀Ⅱ型糖尿病患者红细胞 SOD、血清 LPO、血脂及血糖的影响

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近年来的研究表明，糖尿病与自由基损伤有密切关系。因此，寻找既有抗自由基损伤，又有降低血糖，调节血脂作用的中草药方剂具有重要的临床价值。我们从补肾活血立法，自拟方药仙贞片，观察本方药对肾虚血瘀Ⅱ型糖尿病患者 SOD、LPO、血糖、血脂及临床证候的影响。

材料与方法

一、观察对象

1. 健康对照组：选择经体格检查无心、肺、肝、肾等系统疾患，肝肾功能，血压、血、尿常规无异常，无血瘀证及无糖尿病史的健康人 34 名，其中女性 20 名，男性 14 名，年龄 32～70 岁，平均 46.76±9.20 岁。

2. 病例组：采用 1985 年 WHO 糖尿病的诊断标准，祝谌予教授对糖尿病的辨证分型标准以及血瘀证研究国际会议制定的血瘀证诊断标准。1991 年 4 月～1991 年 12 月在协和医院中医科糖尿病专科门诊选择具有以下条件的Ⅱ型糖尿病患者：①肾虚血瘀证候；②疗前空腹血糖两次平均值≥6.05mmol/l（109mg/dl）；③近期内无糖尿病酮症酸中毒、无感染、结核、心、肝、肾功能基本正常；④能配合治疗，饮食控制，工作与生活条件有规律而稳定者为观察对象。共 68 例，男性 32 例、女性 36 例，年龄 39～68 岁（54.19±8.45），病程 1～25 年（6.18±5.45），其中单纯饮食控制者 12 例，口服降糖药治疗并饮食控制者 56 例。

二、观察方法

1. 分组与给药方法：采用配对随机分组法，68 例患者按同性别、年龄（相差≤9 岁）、病程（相差≤5 年），进行配对，随机分治疗组与对照组，两组均衡性检验无显著差别，具有可比性。受试患者自进入观察组后停用一切中药四周，保持原来的饮食控制及降糖药物的用法、用量治疗。第四周末测 RBC－SOD 活性和 SOD 含量、血清 LPO 含量、血脂、血糖、SGPT、BUN、Cr 以及血、尿常规，三天后给药。采用单盲给药、治疗组给予仙贞片，对照组给予安慰剂片，疗程 2 个月，疗末分别测定上述各项指标。

2. 药物剂型、剂量与服药方法：仙贞片由仙灵脾、女贞子、黄芪、丹参、何首乌、菟丝子、枸杞子、黄芩、山楂九味药物组成。每片含生药 1.0g，每服 10g，每日 3 次，安慰剂片由赋形剂淀粉配制，每片含淀粉 0.75g，每服 2.25g，均于饭后半小时服用。两种药片由协和医院制剂室生产。

3. 检测项目及测定方法：

①RBC－SOD 活性测定：采用邻苯三酚自氧化抑制法测定 SOD 活力单位为 U，定义：在 25℃时每克血红蛋白中每分钟抑制邻苯三酚自氧化速率达 50%的酶量为 1 个酶活力单位。以 U/gHb 表示。

②RBC－SOD 含量测定：采用酶联吸附试验，SOD 彩色免疫板由海军总院分子生物研究室提供，单位以 μg/gHb 表示。

③血清 LPO 含量测定：采用硫代巴比妥酸（TBA）荧光法测定。单位以 nmol/ml 表示。

④空腹血糖（FBG）及餐后 2 小时血糖（PBG）测定：采用真糖法，单位以 mmol/L 表示。正常值为 3.6～6.0mmol/L（65～109mg/dl）

⑤胆固醇（TC）、甘油三酯（TG）、高密度脂蛋白－胆固醇（HDL－C）测定：采用酶学法，单位以 mmol/L 表示。正常值 TC 为 2.17～6.47mmol/L（84～250mg/dl）。TG 为 0.43～1.58mmol/L

(38～140mg/dl)，HDL-C 为 0.88～1.63mmol/L（34～63mg/dl）。

⑥肾虚血瘀证候：腰膝无力、腰背酸痛、肢麻肢痛、咽干口燥、乏力气短、自汗盗汗、口渴喜饮、大便秘结。症状轻重程度判断标准：参照卫生部中药临床研究指导原则有关症侯的判定标准。

⑦血清 SGPT、BUN、Cr 以及血、尿常规。

4. 统计方法：各组数据均用均值±标准差（X±S）表示。显著性检验为 t 检验、卡方检验，相关检验用简单直线相关，r 表示相关系数（上述统计均用 EXCEL4.0 for WINDOWS 软件处理）。

结　果

一、糖尿病患者与健康人的 RBC－SOD 活性、含量和血清 LPO 含量。

68 名糖尿病患者与 34 名健康者的 SOD、LPO 结果见表 1。糖尿病组 SOD 活性低于健康对照组差异显著（P＜0.05），SOD 含量两组间无差别（P＞0.05）；血清 LPO 含量高于健康对照组差异显著（P＜0.05）。

二、仙贞片对糖尿病患者 SOD、LPO 的影响

1. 对 RBC-SOD 活性的影响：治疗组疗后 RBC-SOD 活性较疗前提高，安慰剂组疗后 RBC-SOD 活性略有下降，但均无显著差异（P＞0.05），两组间比较无显著差异（P＞0.05）。

2. 对 RBC-SOD 含量的影响：治疗组疗后较疗前升高，差异非常显著（P＞0.001）。安慰剂组疗后较疗前亦有所升高，但差异不显著（P＞0.05），两组间比较有非常显著的差异 P＜0.001）。

3. 对血清 LPO 含量的影响：治疗组疗后 LPO 含量较疗前下降，差异显著（P＜0.05），而且接近健康对照组水平（1.61±0.3，P＞0.05），安慰剂组疗后较疗前无明显改变，两组间比较有显著差别（P＜0.05）

三、仙贞片对肾虚血瘀Ⅱ型糖尿病患者血脂的影响

1. 对 TC、TG 的影响：治疗组疗后 TC、TG 水平较疗前均有所下降，对照组则有所上升但均无明显差异（P＞0.05），两组的比较亦无明显差异（P＞0.05）。

2. 对 HDL-C 的影响：治疗组 HDL-C 疗后水平较疗前升高差异显著（P＜0.05），但仍低于健康对照组（1.64±1.25）有显著差别（P＜0.05）。安慰剂组疗后无明显变化（P＞0.05），两组间比较有非常明显的差别（P＜0.01）。

四、仙贞片对肾虚血瘀Ⅱ型糖尿病患者血糖的影响

1. 疗效判定标准：参照卫生部药政局 1988 年制定的〔新药（中药）临床研究指导原则〕对糖尿病疗效判定标准。治疗后 FBG、PBG 下降至正常或较疗前下降≥30%为显效；下降 10～29%为有效；＜10%为无效。

2. 对血糖的影响：治疗组疗后 FBG、PBG 下降，与疗前比较差异显著（P＜0.05），对照组疗后亦有下降与疗前比较无明显差异，（P＞0.05），两组间比较有显著差异 P＜0.05）。

3. 对血糖的疗效：治疗组疗后 FBG 显效者 8 例，有效者 13 例，总有效率 61.8%。对照组显效者 3 例，有效者 4 例，总有效率为 20.6%，两组间经卡方检验有非常明显的差别（P＜0.01）。PBG 治疗组疗后显效 7 例，有效 14 例，总有效率 61.8%。对照组疗后显效 3 例，有效 14 例，总有效率 50%。两组间经卡方检验无明显的差别（P＞0.05）。

五、仙贞片对肾虚血瘀Ⅱ型糖尿病患者临床证候的影响

治疗后治疗组和对照组临床证候改善率：腰膝无力分别为 76.9%和 16.0%；腰背酸疼为 70.6%和 37.0%；肢麻肢痛为 53.5%和 10.0%；咽干口燥为 79.4 和 25.8%；乏力气短为 82.2%和 21.7%；自汗盗汗为 80.0%和 19.2%；口渴喜欢 50.0%和 22.2%；大便秘结为 70.6 和 16.0%，总之治疗组改善率为 50～80%，对照组改善率为 20～30%，两组间差异显著（P＜0.05）。

总之，仙贞片补肾活血，改善症状，抗自由基损伤，降血糖，升高 HDL-C 等作用，是有一定的药理学基础的，是一张有抗自由基损伤，又有降血糖作用的有效方药。提示本方对糖尿病及其血管病变的预防和治疗有可喜的前景，值得今后进一步深入探讨。

The Influence of Xianzhen Tablet on the RBC SOD, Serum LPO, Blood Lipid and Blood Sugar in Type Ⅱ Diabetics

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68 Cases of type Ⅱ DM, with the syndrome of either both Qi and Yin deficiency, or kidney deficiency and blood stasis, were divided into treatment group (treated with Xianzhen Tablet) and control group (treated with placebo), by the method of randomly matching assignment. The Xianzhen Tablet's influnce on this type of patients' RBC SOD activity, serum LPO, blood lipid, blood sugar and clinical symptom were observed.

The 68 cases of patients' had got a signifantly low activity of SOD and high conteat of LPO compared with 34 cases of normal control (P<0. 05). In the patients' treated with Xianzhen Tablet, the RBC SOD increased, the LPO contect reduced, HDL—celevated, the blood glucose lowered, the symptom of kidney deficiency improved obviously (the rate of improvement is 50—80%), without any side effect, while the placebo control group has no change of above index. The result showed that Xianzhen Tablet might have the effect of anti—free radical damage, lowering blood sugar, elevating the ability of eliminating cholesterol and improving the symptom of kidney deficiency and blood stasis.

加味白虎人参汤治疗胃热型糖尿病的临床与实验研究

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《金匮要略》是我国现存最早的一部诊治杂病的专著，是仲景学说的主要组成部分。该书对消渴证即现代糖尿病的论述极为完整，亦是消渴证从胃从肾论治之先河。近时应用经方及其加减诊治糖尿病的临床与实验研究屡有报导，笔者亦有专文对肾虚型糖尿病的专病专药研究介绍。

仲景调理脾胃之法甚多，有清中之白虎，泻中之承气，温中之理中，补中之建中等等诸方，而消渴一证，中焦脾胃的失衡，实为上下两焦病变之枢纽。故《金匮》中"趺阳脉数，胃中有热，即消谷引食，大便必坚，小便即数"，"渴欲饮水，口干舌燥者，白虎加人参汤主之"，提出了胃热的消渴证其治法为清胃生津，益气养阴，创立白虎加人参汤。后世以白虎加人参汤为代表加减治疗糖尿病的记载颇多，但是系统地从临床与实验两方面同步进行，相互印证，大宗的病例观察，个药的实验筛选以及对胃热型糖尿病诊断标准的制定，以发掘验证提高经方白虎人参汤的降糖作用与临床疗效尚未见国内外报导，为此本文经 128 例糖尿病的临床与实验研究观察，结果表明加味白虎人参汤对胃热型糖尿病有较好的降糖作用，改善临床症状亦很明显，取得较为满意的效果，现报告如下。

临　床　研　究

一、临床资料

1. 病例选择及实验室检查

本组病例根据糖尿病的统一诊断标准确诊的 128 例糖尿病患者中男 68 例，女 60 例；平均年龄 48 岁。合并周围神经炎 5 例，高血压 23 例，冠心病 11 例。本组病例有糖尿病家族史者 31 例。

实验室检查：空腹血糖 17mmol/L 以上者 27 例，11～16.9mmol/L 者 67 例，6.1～10.9mmol/L 者 34 例；尿糖＋＋＋＋者 48 例。＋＋＋者 52 例，＋＋18 例，＋10 例。

2. 中医分型标准

主症：多饮，多食，多尿、消瘦或虚胖。

胃热见症：口燥，唇干，咽干，口渴多饮喜冷饮，消谷善饥，胃脘灼热，心烦易怒，干咳少痰，痰少而粘，皮肤瘙痒，皮肤起风疹（块），尿黄尿多，大便干燥，舌红少苔或黄燥苔，脉洪数或滑数。

凡按《实用内科学》标准确诊的糖尿病，并具备主症二项，胃热见症三项；主症一项，胃热见证四项以上者，即可诊断为胃热型糖尿病。

本组病例皆符合上述辨证分型标准。

二、处方及治疗方法

128 例确诊为胃热型的糖尿病患者，分为二组，一组为单纯使用加味白虎人参汤组（下称单纯组）64 例，另一组为使用口服降糖药优降糖 2.5mg 或 5mg 日三次一个月以上，均不能控制血糖尿糖，临床症状明显者，加服加味白虎人参汤（下称混和组）64 例。

加味白虎人参汤亦名益胃玉参丸。

白虎人参汤组成为：知母，生石膏，甘草，粳米，人参。在原方基础上为增强清热作用加忍冬藤、黄柏；为增强生津作用加玉竹、元参、北沙参易人参；增强滋阴作用加生地黄。因此加味白虎人参汤由生石膏 30 克，北沙参 20 克，知母 15 克，忍冬藤 30 克，玉竹 10 克，黄柏 6 克，苍术 10 克，玄参 15 克，生地 20 克组成。共焙干研极细末，水泛为丸，山楂粉炭末包衣打光干燥，按中成药质量控制制

成小丸。每次服6克，每日三次，30天为1疗程。

三、治疗结果

1. 临床疗效

按临床疾病疗效标准来判定，128例胃热型糖尿病经加味白虎人参汤治疗结果表明：近期治愈39例（占30.47%），显效16例（占12.50%），有效56例（占43.75），无效17例（占13.28%），总有效率为86.72%。其中单纯组64例，有效56例，有效率为87.50%，混和组64例，有效54例，有效率为84.38%。混和组所选病例为使用优降糖后无效者，其治疗效果与单纯组相似，说明加味白虎人参汤对胃热型糖尿病患者有较明显的降糖作用。

2. 实验室指标变化

从表1可以看出，单纯与混和组胃热型糖尿病，经加味白虎人汤治疗，降糖效果非常显著（P<0.001）。两组的降糖作用经比较无显著性差异（P>0.05）。

表1　治疗前后血糖对照表　　(X±SD)

组　别	例数	给药前 mmol/L	给药后 mmol/L
单纯组	64	12.84±3.81	9.27±4.14***
混和组	64	15.35±4.54	10.05±4.38***

给药前后比较 *** P<0.001

加味白虎人参汤不仅有显著的降血糖作用，而且对胃热型糖尿病患者的尿糖亦有明显的降糖作用，单纯组和混和组治疗前后对照，两组均有显著的降低尿糖效果。

3. 临床症状变化

128例胃热型糖尿病经用加味白虎人参汤治疗，“三多”症状明显改善，特别是口渴饮冷，唇干咽燥，消谷善饥，皮肤搔痒、大便干燥等胃热症状大多消失或好转，此外通过治疗发现部分体重减轻消瘦明显的患者，恢复到发病前或正常体重。

实　验　研　究

一、对正常动物血糖水平的影响

采家兔31只，体重2.0—2.5kg，雌雄各半，随机分为加味白虎人参汤组（下称给药组）n=13，优降糖组n=18。用邻苯甲胺法测定空腹血糖后，给药组以加味白虎人参汤煎剂灌胃，优降糖组按1mg/kg混悬液灌胃。给药后测定血糖，结果见表2。

实验结果表明：优降糖对正常家兔有非常显著的降糖作用（P<0.001）；加味白虎人参汤组虽有一定的降糖效果，但无统计学意义（P>0.05）。两者比较，加味白虎人参汤对正常家兔的降糖作用不及优降糖（P<0.01），提示加味白虎人参汤对正常家兔的降糖幅度较低，不致于引起低血糖的出现，这与优降糖的降糖作用不同。

表2　加味白虎人参汤对正常家兔血糖的影响　　($\bar{X}$±SD)

组　别	例数	剂量 (g/kg)	给药前 mmol/L	给药后 mmol/L
给 药 组	13	12.6	4.51±0.67	3.94±0.77△△
优降糖组	18	0.001	3.89±0.60	2.27±0.61***

给药前后比较 *** P<0.001　与优降糖比较△△P<0.01

二、对Alloxan造型大鼠血糖的影响

糖尿病模型制备：选体重150—200gSD大鼠，皮下注射5%Alloxan生理盐水溶液，注射剂量100mg/kg，4天后测定血糖，取血糖值11mmol/L以上的大鼠作为模型动物。

将模型动物34只，分为加味白虎人参汤组（下称给药组）n=23，优降糖组n=11。分别按上法灌

胃给药，4h 后测定血溏。表 3 结果表明加味白虎人参汤对 Alloxan 糖尿病模型大鼠的降糖作用非常显著（P＜0.01）其降糖作用与优降糖比较无显著差异（P＞0.05）。

表 3　加味白虎人参汤对 Alloxan 造型大鼠血糖的影响（$\bar{X}\pm SD$）

组　别	例数	剂量（g/kg）	给药前 mmol/L	给药后 mmol/L
给药组	23	12.6	22.77±6.3	16.02±5.89**
优降糖组	11	0.001	31.16±11.99	19.22±7.55*

给药前后比较＊＊P＜0.01　＊P＜0.05

三、中药对正常动物血糖水平的影响

加味白虎人参汤对造型动物有显著的降糖作用，为此对本方中加味且具有代表性的部分中药进行动物试验，方法同上。结果表明忍冬藤、生地、玉竹对正常大鼠有显著的降糖作用，特别是忍冬藤（P＜0.001），降糖作用非常显著，见表 4。忍冬藤、北沙参对正常家兔的降糖作用非常显著（P＜0.001）见表 5。

表 4　对正常大鼠血糖的影响　（$\bar{X}\pm SD$）

组　别	例数	剂量（g/kg）	给药前 mmol/L	给药后 mmol/L
忍冬藤组	17	20	3.62±0.50	2.64±0.30***
生地组	6	8	4.32±0.47	3.50±0.58*
玉竹组	6	8	5.125±0.79	3.67±0.8*

给药前后比较＊＊＊P＜0.001　＊P＜0.05

表 5　对正常家兔血糖的影响　（$\bar{X}\pm SD$）

组　别	例数	剂量（g/kg）	给药前 mmol/L	给药后 mmol/L
忍冬藤组	6	20	3.84±0.34	2.93±0.08***
北沙参组	10	8	3.811±0.40	2.27±0.56***

给药前后比较＊＊＊P＜0.001

小　结

加味白虎人参汤是在经方白虎加人参汤基础上根据中医整体调节辨证论治的原则，结合实验研究个药处方降糖效果的筛选，以胃热型糖尿病为治疗对象，临床观察与实验研究同步进行相互印证而研制的纯中药制剂。制定的胃热型糖尿病的诊断标准是根据仲景《金匮》中有关论述，结合历代医家对胃热消渴证的描述以及个人的临床经验而定，以主症、胃热见症作为定型标准。笔者认为分型论治糖尿病的方法，抓住不同证型糖尿病的主要病机，病证互参，专病分型，治之专药，治本为先，标本同治，综合调节，有利于提高糖尿病的治疗效果。

加味白虎人参汤对胃热型糖尿病的治疗重在清胃生津，益气养阴。“清胃”以石膏，知母为主，加忍冬藤、黄柏增强清热泻火作用，实验证实忍冬藤的降糖作用非常显著，“生津”以北沙参替代人参，加玉竹、元参其生津作用更强，药理实验亦证明北沙参、玉竹的降糖效果很好；重用生地黄养阴，对胃热炽盛，肾阴亏之有生津养阴双重作用，地黄的实验降糖作用明显。

加味白虎人参汤经 128 例胃热型糖尿病临床观察，本方有显著的降血糖降尿糖作用，总有效率达 86.72%，无论是单纯使用本方或是用口服降糖药无效加用本方治疗的糖尿病者其在效率都达 87.50% 和 84.38%。本方除有显著降糖效果外，对临床出现的口渴冷饮，唇干咽燥，消谷善饥，胃脘灼热等一派胃热症状有明显的改善，这也是中医辨证整体调节的优势所在。

加味白虎人参汤经动物实验证明有显著的降糖作用。首先对清胃降火的忍冬藤经大鼠实验证明其降糖作用明显（P＜0.001），对养阴生津药北沙参、玉竹、生地进行正常大鼠实验证明其降糖作用明显

(P<0.05)；二是本方对造型大鼠有明显的降糖作用（P<0.01)，与优降糖组比较无显著差异。本方对正常动物的降糖作用虽不及优降糖、但从另一个角度说明加味白虎人参汤对正常动物的血糖有调节作用，不致引起低血糖反应。由此可见经方加味白虎人汤是从中医辨证论治的整体调节作用上起明显降糖效果的．充分显示了进一步发掘经方，研制新方提高对糖尿病的治疗效果，阐述经方的科学性，有着重要的意义。

Clinical and Experimental Study on Treating Diabetes of Stomach－Heat Type with Jiawei Baihu Renshen Tang

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"The synopsis of the Golden Chamber" is an early work for treating complex diseases in China and the main element of Zhongjings' theory. According to the selection of treatment based on the syndrome differentiation, this decoction was based in Baihu Renshen Tang of clinical prescription combined with experimental study and selected some hypoglycemic agent. In the light of many clinical observations and experimental study, it is a pure Chinese drug for treating stomach－heat type of diabetes called Yiwei Yu Shen Wan.

Diagnostic criterion of stomach－heat type was based in the main symptoms and stomach－heat. In line with the pathogensis of diabetes, type, especial drug, treating the fundamental first, treating its symptoms and cause at the same time with a synthetic, it is good for raising therapeutic effectiveness.

Jaiwei Baihu Renshen Tang had effect of clearing away stomach－heat, promoting body fluid, supplementing qi and nourishing yin in treating diabetes of stomach－heat type. This decoction was composed of crude gypsum 30g, anemarrhenia rhizome 15g, glehnia root 20g, honey－suckle stem 30g, solomonseal rhizome 10g, phellodendron bark 6g, scrophularia root 15g, dried rehmennia root 20g, atractylodes rhizome 10g. Among them crude gypsum and anemarrhenia rhizome can clear away stomach－heat. Glehnia root, solomonseal root, scrophularia root and rehmennia root had remarkably hypoglycemic function. The dosage was 6g in pill three times a day. The course of treatment was 30 days.

According to clinical observation of 128 cases withdiabetes of stomach－heat type, this decoction can remarkbly decrease blood sugar and glucose in urine ($p<0.001$). The total effective rate was 86.72%. It can significantly improve the symptoms of thirst, cold drinking, dry lips, dry throat, polyorexia and burning pain in the stomach. It is the dominant position of regulation of wholism in TCM.

In line with the experimental study, this decoction had remarkably hypoglycemic function. Among them crude gypsum, honey－suckle stem, anemarrhenia rhizome and glehnia root had certain hypoglycemic function on normal animal, but it had this function significantly in modal rats ($P<0.01$). There was no difference from glyburide but not as effective as it on normal animal. This drug had double－phase regulatory function without side effect of causing hypoglycemia. There is great significance to explore classical prescription, develop new one, improve the therapeutic effectiveness of diabetes and expound reason ability of classical prescription.

糖尿病并发冠心病的中医辨证特点

——附病例分析 105 例

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近年来糖尿病性心脏病这一概念已被世界许多代谢病专家和内分泌病专家所承认。同时也引起心脏病专家们的重视。糖尿病性心脏病是指糖尿病人伴发或并发的心脏病。其中包括：糖尿病性冠心病、糖尿病性心肌病、糖尿病微血管病变和植物神经功能紊乱所致的心律失常及心功能不全等。糖尿病并发的心血管病变占比例很大，是糖尿病人的最主要的危险，约 70～80%的糖尿病人死于心血管病，心血管病中又以冠心病为主。

糖尿病并发冠心病与单纯冠心病比较。在病因、发病机理、病理生理、病理解剖、临床表现、患病率和病死率等方面均更复杂。从中医方面看两者的症状、脉象、舌象等临床表现及辨证分型和治疗方法等方面都有不同的特点。掌握了这些特点才能辨证用药准确，才能获得满意的临床疗效。本文分析了我院内科病房自 1990 年 12 月—1991 年 12 月收治糖尿病合并冠心病及部分单纯冠心病人的症、脉、舌及辨证分型的特点，以便在处理糖尿病合并冠心病人时更合理的立法处方用药，提高疗效，更好地发挥中医药治疗优势。

一、病例选择：

本文病例系 1990 年 12 月—1991 年 12 月我院内科部分住院病人，共 105 例，其中糖尿病合并冠心病 70 例为 A 组，单纯冠心病 35 例为对照组 B 组。诊断标准均采用 WHO 制定的糖尿病及冠心病的诊断标准。

二、临床特点：

（一）性别：A、B 两组无差异；

（二）年龄：在 61 岁～80 岁之间者 A 组为 32.9%及 11.4%。B 组为 37.1%及 22.9%，A 组高龄者少。

（三）病程：病程在 11 年以上者 A 组明显低于 B 组。病程在 6 年～10 年者 A 组高于 B 组。病程在 1 年～5 年者两组无差异。

（四）舌苔：A 组黄苔高于 B 组，而 B 组白腻苔明显高于 A 组。

（五）舌质：A 组舌质红者高于 B 组。B 组舌质淡者明显高于 A 组。

表 1　两组在舌质上比较

舌　质	观察组		对照组	
	例数	%	例数	%
红	36*	51.4	10	28.6
暗	26	37.1	15	42.9
淡	5**	7.2	9	25.7
瘀斑	3	4.3	1	2.8

注：*P<0.05，**P<0.01

（六）脉象：A 组中细数脉多于 B 组、B 组中弦脉多于 A 组。

表 2　两组在脉象上比较

脉　象	观察组		对照组	
	例数	%	例数	%
沉细	4	5.7	6	17.1
细滑	6	8.6	4	11.4
弦（细、滑）	26*	37.1	22	62.9
滑数	11	15.7	1	2.9
细数	19**	27.1	1	2.9
三五不调	4	5.7	1	2.9

注：*P<0.05，**P<0.001

（七）辨证：A 组阴虚、火热型明显高于 B 组。B 组阳虚型高于 A 组。

表 3　两组在辨证分型上比较

证　型	观察组		对照组	
	例数	%	例数	%
气虚	34	48.6	15	42.9
血虚	3	4.3	2	5.7
阴虚	39**	55.7	9	25.7
阳虚	7**	10	10	28.6
气滞	15	21.4	13	37.1
血瘀	24	34.3	16	45.7
痰湿	18	25.7	8	22.9
火热	20**	28.6	3	8.6

注：*代表 P<0.05，**代表 P<0.01

三、讨论

本文通过我院住院的 105 例糖尿病并发冠心病与单纯冠心病进行对比分析，发现糖尿病并发冠心病与单纯冠心病在年龄、病程、舌苔、舌质、脉象、证型等诸方面经统计学处理都存在差异（P<0.05）。

1. 从发病年龄上 A 组病人高龄百分率较 B 组低。从病程上比较，A 组<B 组，均说明 A 组死亡率上明显高于 B 组。

2. 从舌苔上比较看出 A 组黄苔高于 B 组，黄苔由于热邪熏灼而致，说明糖尿病并发冠心病以热证居多。白腻苔 B 组明显高于 A 组，从而可以看出 B 组常由于湿浊内蕴，阳气被遏致使气血流通不畅。而糖尿病并发冠心病人虽也有湿邪存在，在化热方面比 B 组多而快，因而白腻苔较 B 组少。

3. 从舌质上比较看出红者 A 组明显高于 B 组，表明糖尿病合并冠心病进以热盛明显为多。而 B 组舌质淡者明显高于 A 组。表明 B 组以心阳不足为多。

4. 从脉象上比较，A 组以数脉明显居多，尤以细数脉更为突出，数脉主热证，脉象细数说明糖尿病合并冠心病以阴虚热盛为主。

5. 在证型分析上可以看出 A 组阴虚，火热型明显高于 B 组，而 B 组阳虚型为多。

辨证准确是临床上取得良好效的重要因素，通过临床病例分析揭示出的客观规律，是准确辨证的依据。

The Characteristic of Differentiation of Syndromes of Diabetic Coronary Heart Disease ——with an Analysis of 105 Cases

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A comparison between 105 cases of diabetic coronary heart disease (A) and primary coronary heart disease (B) in our hospital shows:

1. The proportion of old patients (61—80y) in group A is lower than in group B.

2. The duration of group A is shorter than group B. The proportion of patients with a duration over 11 years in group A is much lower than in group B

3. Comparison of tongue coating: the proportion of yellow coating tongue is much higher in group A, while the white greasy coating tongue is higher in group B. This demonstrates that the majority of group A is heat syndrome, while the group B is usually due to the unfavorability of Qi and blood circulation caused by damp pathogen in vessel and obstructed Yang Qi.

4. Comparison of tongue proper: the proportion of purple tongue in group A is much higher than in group B. while the purplish and enlarged tongue proper is much lower. It shows the majority of group A is deficiency of Yin and blood stasis, while the deficiency of vital energy is commonly seen in group B.

5. Comparison of pulse condition: the thready and rapid pulse is more readily seen in group A. It shows the majority of group A is deficient Yin and excessive Yang.

6. Comparison of syndrome shows that the syndrome of deficient Yin and blood stasis is much higher in group A, while the syndrome of deficient vital energy and blood stasis is lower.

消渴康治疗Ⅱ型糖尿病的临床与实验研究

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临 床 观 察

我院自1990年起共收治糖尿病（DM）患者178例，其中无合并症或仅有轻度合并症者64例，对此64例DM患者全部以消渴康进行临床观察，获得较好疗效，现报告如下。

一、病例选择：本组64例均为住院病人，将符合诊断标准的病人全部进行治疗前后的自身对照。

二、诊断：符合WHO关于DM诊断标准，选择非胰岛素依赖型糖尿病（NIDDM）64例。

三、观察方法：以益气养阴，活血化瘀为总治则，精选物组成“消渴康”（人参、黄芪、山药、丹皮、花粉、山萸肉、川芎、淫羊藿等）。上药为胶囊制剂，每次服3粒（含生药10g）每日3次，2个月为1疗程。

四、疗效评定：1. 疗效标准：（1）显效：①空腹血糖<6.6mmol/L；②尿糖<5g/24h；③症状基本消失。（2）好转：①空腹血糖<7.8mmol/L，尿糖<10g/24h，症状明显好转；②病情较重者，血糖、尿糖绝对值下降50%以上。③无效：达不到上述标准者。

2. 血糖、血脂：64例DM患者血糖、果糖胺、胆固醇、甘油三酯治疗前后对照P<0.01，差异显著。

3. 血液流变学改变：64例DM病人治疗前后RBC压积、全血比粘度、全血还原粘度、血浆比粘度、纤维蛋白原差异均非常显著，但RBC电泳差异不明显（P>0.05）。说明DM与血液粘度关系密切。

实 验 研 究

一、方法：取Wistar雄性大鼠40只，体重150～200g，随机分为五组，①正常对照组，②模型对照组，③高剂量给药组，④低剂量给药组，⑤优降糖对照组，每组8只。实验前禁食一夜（自由饮水），第2天眶静脉采血，进行给药前血糖、血脂和血粘度测定。血糖和血脂用酶法测定，血粘度用SDZ—3型自动电子粘度计时仪测定。

各组大鼠均腹腔注射四氧嘧啶（生理盐水溶液）120mg/kg，每日1次，连续2天，制做DM模型。于第3天开始给药：高剂量组灌胃消渴康3.0g/kg（相当于生药重量的水煎剂），低剂量组灌胃消渴康1.0g/kg，优降糖组灌胃优降糖水溶液0.04mg/kg，模型组灌胃等量体积的生理盐水。每天灌胃2次，分别于给药后第7天和第15天眶静脉采血进行给药后血糖、血脂和血粘度测定。停药后1周再次采血进行测定。

二、结果

1. 对血糖的影响

对照组与模型组比较各时期P值均<0.001，说明四氧嘧啶造型成功可靠。模型组与高剂量组比较给药7天后P值<0.01，第15天及停药1周后P<0.001，说明高剂量有降糖作用且在停药后仍有明显的降糖作用。模型组与低剂量组比较，在给药7天后P<0.01，第15天后及停药1周后P<0.001，亦

表明低剂量仍有降糖作用停药后仍有作用。优降糖组与高剂量组比较，在给药后第7天及第15天 $P<0.001$，而在停药1周后 $P<0.05$，说明优降糖有明显的降糖作用，但作用不持久，特别是在停药后血糖明显上升，提示中药在降血糖方面虽起效慢，但作用持续的时间长。

2. 对血脂的影响：

统计学分析表明：在造型15天后血中胆固醇含量有所上升 $P<0.05$，但消渴康及优降糖在各时期均无明显的降低血中胆固醇的作用。

甘油三酯在15天内未发现有明显变化，且消渴康与优降糖均对其无明显影响。

3. 对血粘度的影响：

给予消渴康后，全血还原粘度比明显下降，其中高剂量组下降尤其显著与造型组比较 $P<0.001$。低剂量组与造型组比较 $P<0.05$，特别是在停药一周后对血还原粘度仍有明显的降低作用，P值均 <0.001。优降糖有降低作用，但不如消渴康作用强，且停药后迅速上升。

血浆粘度明显下降，其中高剂量组下降尤为明显，与模型组比较 $P<0.001$，低剂量组 $P<0.05$，特别是在停药1周后仍有明显降粘作用。而优降糖虽有降粘作用，但停药后又有上升。

三、病理检查：正常大鼠胰岛饱满，形态规则轮廓清晰，胰岛内各自内分泌细胞形态结构完整。模型组与优降糖组胰岛形态不正，位于胰岛中心部的β组细胞胞体肿胀，颗粒变性或空泡变，胞浆失颗粒，部分细胞胞浆浓染核固缩或消失。消渴康组大鼠胰岛β细胞也有上述病变，但程度明显减轻，提示消渴康能减轻四氧嘧啶引起的小鼠胰岛β细胞的损伤。

胰岛经免疫细胞化学染色后，特异性显示出D细胞，细胞近似燕麦型、梭形，胞浆呈棕褐色，胞核不着色。正常大鼠胰岛D细胞很少，散在地分布在胰岛周边部。

各组B细胞数密度值看，优降糖组与实验组B细胞数目均减少，但优降糖组明显降低，与消渴康组有明显差异。这提示消渴康对B组细胞损伤有治疗作用。D组细胞数消渴康组增加明显，这提示消渴康似有促进D细胞增生作用。消渴康通过增加胰岛D细胞来增强对B细胞的可能的保护作用，从而减轻实验性DM大鼠胰岛B细胞的损伤。

综观临床与实验研究表明，消渴康降糖作用与优降糖相当，虽然降糖作用起效慢，但作用持久，并有降脂、降粘等优点。

Clinical and Experimental Research on NIDDM Treated with "Xiaoke Kang"

Sun Mingyou, Li Xianzhu et al.

Heilong Jiang Institute of Combining Chinese Medicine with Western Medicine

Ⅰ. Clinical observations

Patients (64 cases) with NIDDM are in-patients, their diagnosis is according to diagnostic standard of WHO the Patients' conditions before treated and post treated were compared. Tonifying qi and nurishing yin, activating blood circulation to remove stasis of blood was the general rule for selecting drugs to form "Xiaoke Kang" Capsule, 4 pills, Tid, two months were one treatment course. The changes of blood glucose, blood lipid and blood theology indexes before treated and post treated were significant.

Ⅱ. Experimental research.

32 male Wistar rats, were devided into four groups. "Xiaoke Kang" big dose, small dose, glyburide and control group. Orally medication twice a day, one course was 15

days. Blood glucose, lipid and viscosity were determined by sampling blood from orbital vein in 7, 15, 21 days after stoping medication. The results showed that "Xiaoke Kang" and glyburide supressed the hyperglysemia induced by alloxan, the difference between them and control group was significant. There was no difference between treatment group and control group about increment of cholesterol. But "Xiaoke Kang" and glyburide surpressed the viscosity of blood significantly. The effect of "Xiaoke Kang" was better than that of glyburide ($P<0.05$).

Ⅲ. Pathological examination

The state and construction of normal mices endocrine cells in islets were normal. β cell of control group and glyburide were swellen, even got necrosis. Count of normal β cells were more than that of control groups from these, we suggested that "Xiaoke Kang" could relieve and prevent the injury of β cells, meanwhile repaired and proliferate β cells.

In a word, "Xiaoke Kang" could decrease the blood glucose of patients with NIDDM by clinical and experimental research the effects were the same as that of glyburide. The total effective rate was 90. 62%. It could decrease blood lipid and viscosity, prevent and cure the complications of NIDDM.

中医药治疗糖尿病的优势、不足与对策

——附526例病例研究报告

刘 冰[1] 高祖明[2] 王张平[3] 孙阿英[1] 杨小欣[1] 顾德旗[4]

为了探索和研究糖尿病临床治疗的有效方法，确切阐明中医药治疗糖尿病的优势，发现其不足，寻求其对策，我们在兄弟单位协助下，从1984年3月～1994年3月10年间，对住院及门诊526例病人进行临床研究，并对全部病例进行了平均5.1年的追踪治疗观察，现将研究结果报告如下：

一、一般资料

全部病例均按WHO公布的糖尿病暂行诊断标准确诊。526例病人中，胰岛素依赖型3例，非胰岛素依赖型523例；男246例，女280例；年龄最小29岁，最大72岁；病程最短3年，最长17年；临床追踪治疗观察最短3年，最长10年，平均5.1年。

二、研究方法

随机将病人分为3组：

Ⅰ组（纯中药治疗组）：共174例。本组病人服用自拟益气养阴活血降糖散（汤）：党参、黄芪、云苓、山药、丹参、益母草各15～30g，苍术、白术、白芍、葛根、炙甘草各10～20g等。阴虚燥热甚者加知母、黄柏、生地、花粉等；阴阳两虚者加附片、肉桂、女贞子、枸杞、苁蓉等。对有合并症的患者则根据其临床症状进行相应加减。一般病人开始服用汤剂，每30天为一疗程，每疗程间隔7天；缓解期服用散剂，待血糖稳定3～6个月后停药。其间不服用其它治疗糖尿病西药，并随时观察病情变化，如有反复，仍按上述方案治疗。本组病人中曾有3例因合并感染性高热及酸中毒给以短期胰岛素治疗。

Ⅱ组（纯西药治疗组）：共157例。本组病人以服用优降糖为主，另根据病情需要及病人经济能力服用达美康、美吡哒等降血糖药物。并随时观察病情变化，对有合并症的患者对症给以相应西药治疗。本组病人中有2例分别在观察5.5、6年后因合并冠心病、严重肺部感染死亡，因其观察时间超过平均年限，故统计时仍计在内。

Ⅲ组（中西药联用组）：共195例。本组病人采用上述两组药物综合应用，一般病人病情较重时中西药联用，缓解期单用中药、或西药、或给以消渴丸维护治疗。本组1例病人观察7年后因脑溢血死亡。

三、结果与分析

（一）治疗前后各组病人的空腹血糖水平均有明显下降（$P<0.01$），而各组间比较无显著性差异（$P>0.05$）说明中药与优降糖等降血糖药物有着相仿的良好降低血糖的作用。

（二）治疗前3组病人的血浆胰岛素水平均值处于相对不足状态，治疗后Ⅰ、Ⅲ组病人空腹血浆胰岛素水平有明显上升（$P<0.05$），Ⅱ组病人略有升高，但升高不明显（$P<0.05$），说明中药与中西药联用治疗对胰岛功能的影响优于单纯西药组。这可能与长期服用中药“扶正”，调整自身代谢功能有关。

（三）在治疗中，Ⅱ组病人凡有血液流变学异常者给以抗凝与改善血液循环类西药治疗，Ⅰ、Ⅲ组

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病人维持原治疗方案。从表 4 可见，治疗前各组病人的全血比粘度与血浆比粘度均有明显升高，治疗后Ⅰ、Ⅲ组病人均有明显下降（P<0.01），Ⅱ组下降不明显（P>0.05），说明中药在改善血液流变学指标，改善血液循环方面明显优于西药组，将在预后治疗血管与神经合并症方面有重要价值。

（四）经平均 5.1 年的追踪治疗观察，各种合并症的发病率仍呈上升趋势，符合糖尿病病程越长，合并症发病率越高的演变规律。各组病人在大血管病变上差异不明显，但在感染、周围神经病变、白内障、胃肠病变方面Ⅱ组较Ⅰ组病人分别高出 12.8%、62%、46%、4.3%。除与病例选择有关外，Ⅰ组病人可能与长期应用益气养阴活血中药，提高了患者抵抗能力，改善了血液循环，减少了胃肠道反应有密切关系。

表 1　治疗前后糖尿病患者空腹血糖水平测定　($\bar{x}$±SD)

组别	例数	空腹血糖 mmol/L	
		治疗前	治疗后
Ⅰ组	174	18.11±2.87	10.78±4.32
Ⅱ组	157	18.01±2.46	11.23±3.87
Ⅲ组	195	18.47±2.83	10.43±3.42

注：治疗前后比较 P 值均<0.01，组间比较 P>0.05。

表 2　治疗前后糖尿病患者空腹血浆胰岛素水平测定　($\bar{x}$±SD)

组别	例数	空腹血浆胰岛素 μu/ml	
		治疗前	治疗后
Ⅰ组	174	14.71±10.82	19.55±13.31
Ⅱ组	157	15.36±13.11	16.47±15.85
Ⅲ组	195	15.09±14.47	20.09±17.97

注：治疗前后比较Ⅰ、Ⅲ组 P<0.01、Ⅱ组 P>0.05

治疗后组间比较Ⅰ与Ⅱ、Ⅱ与ⅢP 值均<0.05，Ⅰ与ⅢP>0.05

表 3　治疗前后糖尿病患者血脂测定　($\bar{x}$±SD，mmol/L)

组别	例数	胆固醇		甘油三脂	
		治疗前	治疗后	治疗前	治疗后
Ⅰ组	174	6.48±0.39	5.02±0.57	1.84±0.13	1.24±0.12
Ⅱ组	157	6.52±0.15	5.13±0.34	1.79±0.15	1.23±0.15
Ⅲ组	195	6.37±0.35	5.06±0.28	1.86±0.17	1.26±0.16

注：治疗前后比较 P 值均<0.01，组间比较 P>0.05

表 4　治疗前后糖尿病患者血液流变学测定　($\bar{x}$±SD)

组别	例数	全血比粘度		血浆比粘度	
		治疗前	治疗后	治疗前	治疗后
Ⅰ组	174	5.90±0.39	4.58±0.47	1.79±0.08	1.68±0.14
Ⅱ组	157	5.16±0.66	4.96±0.79	1.76±0.15	1.74±0.13
Ⅲ组	195	5.78±0.80	4.56±0.74	1.78±0.07	1.66±0.08

注：治疗前后比较Ⅰ、Ⅲ组 P<0.01、Ⅱ组 P>0.05

治疗后组间比较Ⅰ与Ⅱ、Ⅱ与ⅢP 值均<0.05，Ⅰ与ⅢP>0.05

表 5　治疗前后糖尿病患者常见合并症的分布情况　　(%)

合并症	Ⅰ组		Ⅱ组		Ⅲ组	
	治疗前	治疗后	治疗前	治疗后	治疗前	治疗后
肾病	1.1	1.7	0.9	2.1	1.2	2.9
冠心病	4.7	5.8	3.9	3.9	5.6	8.4
高血压	21.3	28.3	24.3	32.5	19.5	27.8
视网膜病变	7.3	8.4	6.8	9.4	6.4	9.5
白内障	9.0	11.5	8.7	15.8	8.4	16.8
周围神经病变	6.8	14.5	7.2	20.7	8.9	18.8
胃肠病变	4.9	8.3	4.3	11.4	5.1	8.6
下肢坏疽	0	0	0	0	0	0.7
感染	11.4	23.1	10.3	35.8	12.3	25.4

四、讨论

（一）中医药治疗糖尿病的优势：

1．中药与优降糖等降血糖西药有着相仿的良好降低血糖的作用，且标本兼顾、疗效稳定持久，对患病一开始即单纯用中药治疗的患者，病情一旦稳定，其稳定性明显优于西药与中西药联用组。单纯用中药使病情控制，血糖恢复正常后，一般不需长期服药维持，Ⅰ组中有 3 例病人停药 8～10 年、14 例停药 3～7 年后病情仍稳定。

2．中药在调脂、改善血液循环方面有良好的作用。从研究结果看，纯中药制剂有着与西药降糖、调脂、抗凝药物联用后的相仿的降低血脂与改善循环的作用，但从经济与不良反应上却有着自身优势。

3．中药可增强患者体质、提高病人免疫力，对合并症的预防与协同治疗有积极意义。

从研究结果看，Ⅰ组病人各种合并症发生率均少于Ⅱ组，在感染的发生率上更具代表性（降低 12.8%）。说明中药在扶正固本方面有着较明显的优势。此点尚需深入研究。

4．中药在改善自觉症状方面有明显优势。在治疗过程中，绝大多数病人在服药一个疗程后，自觉症状都有显著改善，表现为症状逐渐消失，睡眠好转，食欲正常，体重稳定，自我感觉良好，2/3 以上的病人能胜任日常工作。

5．中药极少不良反应。Ⅰ组全部病人在治疗过程中未发现有低血糖、药物过敏、胃肠道反应，也无耐药、药物依赖与停药反应等副作用，且具有改善消化机能，促进代谢之作用，对减少胃肠合并症显示有积极作用，说明中药有着安全可靠的疗效。

（二）不足：

1．辨证论治的不足：中医对糖尿病的治疗，一直不悖辨证论治的原理，而中医的辨证是以四诊所收集到的症状与体征而确立的，由于病人个体有差异，同一疾病却表现千变万化的症状，加之不少患者初期可无任何症状，有的始终不出现典型症状，而仅有血糖的改变由于无症可辨，再加之医生的经验与观察角度不同，使用药的规范性受到影响。在协作研究过程中，虽然严格要求按设计标准用药，但大家仍普遍反应，实际应用时难以掌握。

2．对Ⅰ型及有严重合并症者疗效较差：中药对Ⅰ型病人虽在改善症状方面有明显作用，但无法从根本上改善或逆转其疾病进程。当病人伴发有酸中毒、昏迷、严重感染及严重的脏器功能衰竭时，单纯中药制剂疗效则较差。以上两种情况中西药联用则较单纯用中药或西有着明显优势。

3．中药显效时间相对较西药缓慢：在临床研究中发现，Ⅰ组病人中症状改善通常在 5～7 天后，而血糖的明显改善一般需平均服药 15～30 天，个别病人所需时间更长。其见效时间不及西药迅速，对重病或有严重合并症急需在短期内控制血糖者显出其不足。

4. 剂型的缺点：从研究过程中发现，单纯用中药治疗的患者，一般需连续服药1～3个月，才能使病情在根本上得到稳定，中药汤剂、口服剂、丸、散剂均不易保存，药品质量的稳定性较差，尤其是需长期服用汤剂的病人，心理负担较重，Ⅲ组病人中有一些就是因不能坚持服用中药而改为中西药联用或交替应用的。

（三）对策

1. 走辨病与辨证相结合的道路，不断完善与发展辨证论治学说：辨证与辨病的结合，将是糖尿病中医药研究的主要趋势。其优点首先可以弥补辨证论治的不足，因糖尿病虽因人而异，变化多端，但其主要矛盾是血糖升高，治疗应以控制血糖为主要目标，这就要求我们，既要采取相对固定的治法，体现辨病治疗的针对性，又要灵活机动，发挥辨证论治的优势。其次，辨证与辨病的结合，有利于重新认识证与糖尿病病因病理之间的内在联系与规律性，这也是中医药研究糖尿病能否取得实质性进展的突破口。

2. 走临床与实验研究相结合的道路，广泛对比，筛选创制新药：任何一种研究方法的目的都是为了寻求治疗糖尿病更加有效的方药，医疗实践证明，要想达到这一目标，单纯的临床或实验研究都是不够的，二者必须有机的结合。首先，已知能用于治疗糖尿病的中药很多，单验方也不少，应通过实验研究进一步证明其确切疗效，以免犯经验主义的错误。其次，由于临床研究的对象是人，在人体难以实现的药理、毒理实验可通过动物实验来完成，籍以从不同角度阐明中药作用的机理、疗效、毒副作用等。其三，任何一种实验研究成果都必须通过临床实践的检验，才能证明其价值。因此，只有临床与实验研究相结合，才是唯一正确的研究方法，单纯强调任何一方都是不切当的。要按照中医药理论、临床实践、中药特性、作用机理、禁忌、剂量、给药途径等进行周密设计，相互比较，在尽可能大的范围内对其疗效与安全性作出肯定结论，筛选出安全可靠的药物，创制新的定型制剂，弥补中药剂型方面的不足（这一点必须依赖于专业委员会的组织与协调，以避免重复研究、浪费人力物力）。

3. 在目前条件下，中西药联用不失为临床治疗的一种有效方法：中、西药在临床应用上各有优势。在目前中医辩证标准尚难统一，剂型滞后的情况下，中西药联用也不失为临床治疗的一种有效方法，关键是要筛选出中西药的最佳配方，真正做到扬长避短，切实提高临床疗效，从而造福于人类。

综上所述，中医药在糖尿病的治疗中有着西药无法替代的优势，研究的结果充分证明了这一点。也存在着明显的足，但瑕不掩玉，所以言之，乃思；知不足，然后能自反、自强、以求更快更完善的发展。所谓对策，为管窥之见，不揣浅陋以言之，实愿各位同道在浅陋之中透视糖尿病中医药研究规律之端倪。

此外，有一点值得提出的是，凡经长期追踪观察的病人，由于一直处在医生的监护之中，病人心理稳定，病情稳定性、合并症发生情况、工作能力、生存质量等均较非监护病人为好，这就为我们提出了一个新的课题：必须加强糖尿病人的社会化综合治疗与监护。

Superiority, Deficiency and Countermeasure of TCM and Chinese Materia Medica in the Treatment of Diabetes ——with Report of 526 Cases

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526 in—patients and out—patients, which were divided into three groups, i. e. TCM group, Western medicine group and integrated traditional Chinese and Western group, were treated, observed and followed up at mean 5. 1 years along with a contrasted study on diabetic's fasting blood glucose level, fasting pl asma insulin level, blood lipid, changes of blood rheology and distributed condition of common complication were carried out before the treatment and after the treatment . The result showed that preparations of Chinese materia medica glybenclamide had good effect of lowering blood glucose the same as glybenclamide. They were obviously superior to Westetrn medicine in regulating blood lipid, improving blood circulation and patient's subjective symptom, enhancing patient's constitution and immunity, preventing and treating chronic complication coordinately. And they also had the characteristic of little side—effects, stable and durative effect, and treating both the superficiality and origin at the same time. But it was also found out in the study that the effect appearance time of Chinese meteria medica was comparatively slower than that of western drugs and there were some shortcomings in the form of traditional Chinese drugs because the standardization of taking drugs were affected and pure preparation of Chinese materica had poor effect in the treatment of IDDM and patients with acute complication confined by TCM thought of selection of treatment based on syndrome differenation. So the authors suggested that taking the road of integrated syndrome differentiation and diseases, improving and developing the theory of selection of treatment based on syndrome differentiation was the breach whether study of TCM and Chinese materia medica could make substantive progress in the treatment of diabetes; and takeing the road of combined clinical and basic study, contrasting widly, choosing and bring forth new drugs was the only correct study method. Under the circumstances that syndrome differentiation of TCM remains to be unperfect and the study of the forms of traditional chinese drugs are backward, using combined traditional and western medicine may after all be accepted as an effective method to improve clinical curative effect, so as to improve strong points as well as avoid shortcomings and to benefite mankind.

糖尿病性周围神经炎中西药治疗的临床研究

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糖尿病性周围神经病变是糖尿病发病率很高的慢性并发症之一，起病隐匿，进程缓慢治疗较困难，常常给患者带来极大的痛苦，我科自1988年至今研究治疗，先采用中药治疗，90年后加用复方丹参液或川芎嗪静脉滴注，现将60例患者治疗情况统计如下：

一、一般资料

60例病人中，男25例，女35例；年龄在31岁至40岁者6例，41岁至50岁者18例；51岁至60岁者24例；61岁至70岁者12例。

二、病例选择

1. 全部病例按照WHO诊断标准，诊断为糖尿病，并按OGTT胰岛素释放试验结果分为NIDDM和IDDM。

2. 进一步按照糖尿病外周神经病变诊断标准，诊断为糖尿病性周围神经病变。

3. 选择血糖控制良好的病例，以排除血糖波动产生的影响。

三、诊断标准

1. 患有糖尿病。

2. 临床症状多见上肢或下肢麻木疼痛，疼痛可为针刺样，烧灼样，多以下肢为著、夜间加重，手指末端戴手套或袜套感，有的起病急、突发肌无力、疼痛、肌肉萎缩。查体发现腱反射减弱或消失，肌电图检查，四肢运动神经传导速度减慢。

3. 除外颈椎病、脑血管病、酗酒、维生素B缺乏、尿毒症等病引起的肢麻疼痛。

四、治疗方法

1. 糖尿病原治疗措施不变，继续服用降糖药物。

2. 服用本院自拟活血通络汤每日一剂水煎分两次服用。静脉滴注复方丹参液20ml或以川芎嗪50mg，加入0.9%生理盐水300ml中缓滴，14天为一疗程，共2疗程（活血通络汤方药：当归、川芎、赤芍、川牛膝、络石藤、地龙、蜈蚣、僵蚕、细辛、土鳖虫、桂枝等）。

五、观查指标

用自身前后对照法、于治疗前后观察记录自觉症状，抽取空腹血糖、餐后2小时血糖定量、24小时尿糖定量、肝肾功能、作肌电图检查、双侧肢体正中神经、腓总神经传导速度，抽取治疗前后血流变。

六、疗效判定

显效：症状消失或基本消失。腱反射有所恢复或MNCV增快。

有效：症状明显减轻。

无效：自觉症状无改善。

七、观查结果

1. 肢体运动神经传导速度：正中神经治疗前43.45±5.01，治疗后45.89±6.85，腓总神经治疗前41.27±3.80，治疗后43.37±5.41。与治疗前比较，$P<0.05$。

2. 血液流变度：全血粘度治疗前低切为12.13±5.24，高切为6.95±2.11，治疗后低切为11.72±4.23，高切为5.95±3.21；血浆粘度治疗前为1.78±0.23，治疗后为1.69±0.45；血小板聚集率治

疗前 58±6.31，治疗后为 50±10.33。与治疗前比较，$P<0.05$。

3. 症状：40 例肢体疼痛者中，显效 18 例，有效 22 例，总有效率 100%；60 例麻木者中，显效 35 例，有效 25 例，总有效率 100%；16 例肌无力者中，显效 6 例，有效 10 例，总有效率 100%。

4. 糖尿病性周围神经炎疗效：60 例中，显效 35 例（占 58%），有效 25 例（占 42%），总有效率 100%。

八、讨论

1. 糖尿病性周围神经炎发病率很高，根据电生理学，肌电图以及神经运动及感觉传导速度测定，其发生率可高过 60%以上，患者症状的痛楚对原发病的治疗也有明显的影响。因此有效地治疗周围神经炎也是治疗糖尿病的重要组成部分。

2. 周围神经炎的治疗首先是病因治疗。但是有时在原发病控制较满意的情况下，本病仍然可以继续发展、所以说血糖高低与神经炎的轻重并非一致。因此治疗上一方面应继续服用降糖药，同时也需要对神经炎进行针对性治疗。

3. 糖尿病并发神经炎、目前多采用口服维生素 B_1、B_{12}及 ATP 并配合理疗或针灸，疼痛剧烈者一般止痛药无效，临床常试用苯妥英钠或痛可宁等。我们采用中药治疗不仅对疼痛疗效明显，对麻木收效也较迅速，一般治疗三四天后症状即可明显减轻。

4. 60 例患者血液流变学结果证实，糖尿病性周围神经炎血液粘稠度普遍增高，长期患糖尿病的病人，由于周围神经的小动脉管壁弹性减弱，血管内皮增厚，管腔内壁粗糙、狭窄、由于血粘度增高、而血液流变性异常，造成血流变缓慢、血液瘀滞，以致微循环障碍，中医认为本病的病机，在于久病伤气、气虚挟瘀，气滞血瘀，血液运行不畅，气虚不能通走四肢末梢，故四肢麻疼，如果导致阳虚不能温养四肢，则四肢发凉。因此活血通络、降低血液粘稠度是防治本病的关键。益气温阳养血祛痰，也是治疗中每每定用的手段。本方以当归、川芎养血行血、僵蚕、地龙、蜈蚣搜风通络、桂枝温阳，地黄、元参养阴润燥，黄芪每用于气虚之体，白芥子多加入痰凝之候。临床加减，务求审实，养血通络，剂量宜重，如此坚涩之病，非轻投所能取效。

5. 采用虫类药搜剔络脉之邪，是取效快捷之关键，据现代药理研究，虫类药物大都有扩张末梢血管，降低血液粘稠度，改善微循环，增加血管内血流量的作用，故对疼痛麻木有较好的疗效，这与中医搜风通络止痛的认识相吻合的。

6. 治疗周围神经炎，疗效主要表现为临床症状减轻或消失及腱反射改善，一部分患者在治疗后 MNCV 有一定程度改善，但大部分患者治疗后 MNCV 与治疗前无显著增快，据文献报导直接引起临床症状的外周神经功能状态不能从肌电图反映出来，而且外周神经病变一旦形成其病理改变已处于严重阶段，任何一种疗法难以使其功能结构在短时间内完全改善，但局部功能常常可以改善。所以周围神经炎需要长时间坚持治疗。

Clinical Research of Peripheral Neuritis of Diabetes Treated by West and Chinese Medicine

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1. General material

Among 60 cases, the non—insulin dependent diabetics were85% , and the insulin dependent diabetics were 15% (that include both in—patient and out—patient department patients).

2. Selection of cases

① According to the diagnosis standard of WHO, the cases were diagnosed as the diabetes and also according to the experiment result of the insulin release test of OGTT, the cases were divided into the IDDM and NIDDM.

② Further more, according to the diagnosis standard of diabetic peripheral nervous lesion, the cases were diagnosed as the diabetic peripheral nervous lesion.

③Selected the cases which the blood sugar were controled in good level.

3. Treatment method

①The treatment method for treating the diabetes was not change. The patients continue to take the medicine for controling the blood sugar.

②The patients take the decoction of activating blood circulation and removing obstruction in the channle one dose a day. Prescription: Chinese angelia root, chuangxiong rhizome, cyathula root, batryticated silkworm, asarum herb, ground beetle, cinnamon twig, et. al.

Intravenous drip of "Compound Danshen Injection" 20ml Q. D. or ligustrazine 100mg Q. D. for 14 days were one course of treating and patient should take two courses of treating.

4. Observational index

Before and after treating, the patients should be examined the fasting blood glucose, the quantitative test for glucose in urine of 24 hours, the function of liver and kidney, the changing of clinical symptom, the motor conduction velocity of the peroneal nerve and the midian nerve and the changing of the blood rheology.

5. Discussion

① We regarded mechanism of this disease was due to Qi deficiency and blood stasis, so the key of treating was the method of tonifying Qi and activiting blood circulation.

②The effectiveness of treating the peripheral neuritis was mainly shown in the aspect that the clinical symptom had improved or disappeared and the reflection of the tendon had improved. Before and after treatment, the MNCY(motor nerve conduction velocity) of most patients hadn't changed obviously.

加味玉女煎对胰高血糖素的影响

烟台空军疗养院糖尿病治疗中心　李肇翠

临床及放免检验均证实糖尿病患者在阴虚火旺时血浆中胰高糖素水平明显上升，胰高糖素的上升直接影响血浆血糖水平及临床治疗效果，用加味玉女煎观察了34例胰高血糖素升高的糖尿病病人：

一、对象和方法

1. 治疗对象：①按1980年世界卫生组织确定的诊断标准，确诊Ⅱ型糖尿病；②中医辩证属阴虚火旺型（诊断标准，参照全国中医糖尿协作组拟定标准，凡具有咽干口燥、大便燥结、烘热盗汗、急躁易怒、五心烦热、牙龈肿痛、舌红少苔、脉细数或滑数中四项以上者）；③临床放免检查胰高血糖素水平均高于正常值一倍者。据上述三条标准选择43例患者随机分成二组，治疗组23例，其中男13例，女10例，年龄42～78岁，平均52.5数，病程1个月～14年，平均4年11月；对照组20例，男8例，女12例，年龄40～76岁，平均53.3岁，病程4个月～14年，平均4年3个月。

2. 观察项目及方法：观察胰高血糖素用药前后指标，仪器用西安260厂产2003—50Gr免疫计数器，胰高血糖素药盒系中国原子能科学研究所院同位素所提供，用预先加入抑肽酶的采血管中采患者晨空腹血浆2ml，注入试管、丙酮提取，低温离心，减压干燥，再通过加液程序，最后数据处理。

方法：所有病例均进行饮食控制，停用其它药物，查血糖胰高糖素，加味玉女煎（生地30克、怀牛膝10克、生石膏60克、知母15克、元参30克、黄连6克、黄芩6克、麦冬30克），水煎300ml，分二次服完，禁忌辛辣刺激，15天为一个疗程。

二、结果

治疗前后，二项结果用配对资料t检验进行统计学处理，治疗前后比较，胰高糖素及血糖均有显著性差异，其中胰高血糖素下降明显（$P<0.01$）、血糖次之（$P<0.05$）；对照组治疗前后血糖及胰高血糖素下降均不明显（$P>0.05$）

讨论：Ⅱ型糖尿病血浆中胰高血糖素持续升高，提示这类患者的胰岛β细胞功能受损较重，而α细胞分泌功能增强，胰高血糖素的高低，对糖尿病病情及予后判断有直接关系。临床研究显示，Ⅱ型糖尿病患者阴虚火旺症候明显时，α自主分泌增强，造成胰高血糖素明显升高，我们观察的一组胰高血糖素升高的患者，据咽干口燥、烘热盗汗、急燥善怒、五心烦热、舌红少苔、脉细数等证均属阴虚火旺型，以滋阴降火立法，方选加味玉女煎，方中生地甘寒味苦，气味俱厚，性沉而降，滋阴凉血，与甘辛大寒之石膏为伍，清热泄火力猛，且除烦止渴，与苦寒黄连同用，清热泄火之力更强，生地因黄连而能守，黄连得生地则燥减；知母性寒味苦，性降而沉，使龙雷之火，不得上潜，与元参、麦冬合用为增液汤，使滋阴之力更强，虚火得阴而降，加入黄连、黄芩两味苦寒之药，目的在于清热泄火，但苦寒药易化燥伤阴，故不可多用。

The Influence of the Component—added Yünüjian to the Glucose on An Analysis of 43 Cases

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The clinical and radio immune assay has proved that the diabetic has his plasma glucagon level elevated markedly while his deficiency of Yin leads to hyperactivity of fire. The elevation of glucagon influnces the plasma glucose and clinical curative effect directly. The component—added Yünüjian was applied to 43 cases of diabetics with a high level of glucagon. All the cases had a dietary restriction and all other medications withdrawn but component—added Yünüjian(dried rehmannia root 30g, achyranthes root 10g, gypsum 60g, wind—weed rhizome 15g, scrophularia 30g, coptis root 6g , root of baikal skullcap 6g, ophiopogon root 30g). Decocted in water for oral administration, with a therapeutic course of 15 days. The blood sugar and glucose were tested before and after treatment. Both of them reduced significantly after treatment. The result showed that this decoction could lower the plasma glucagon and glucose markedly and improve the symptoms.

滋养肝肾、活血化瘀法对实验性糖尿病大鼠视神经超微结构的影响

成都中医学院眼科　谢学军　李瑞荃　指导教师　廖品正　张发荣

糖尿病眼部并发症常致糖尿病患者视功能障碍，为主要致盲原因之一。其中，有关糖尿病视网膜病变及糖尿病性白内障的研究较多，对糖尿病性视神经功能损害的报道却较少。至于糖尿病视神经的组织病理学改变及其中药对之的影响，目前国内尚未见报道。为此，本文观察了实验性糖尿病大鼠视神经的超微结构变化以及滋养肝肾、活血化瘀对其的影响。

材料与方法

一、材料

1. 动物：Wistar 大鼠，体重 170～200g，雌雄各半，由第三军医大学实验动物中心提供。

2. 滋养肝肾、活血化瘀中药制剂：选用干地黄、山茱萸、枸杞子、丹参、生蒲黄、葛根等组方，由成都中医学院制剂教研室制成无糖冲剂备用。

3. 达美康（Diamicron）：法国施维雅药厂、国营天津华津制药厂合作生产，80mg/片。

4. 四氧嘧啶（Alloxan）：BDH Limited Poole，England 生产。

5. 仪器：日立 H—600 型透射电镜。

二、方法

1. 造模方法：每只大鼠按 120mg/kgBW 剂量皮下注射 Alloxan，第二天重复注射 1 次，五天后造成稳定的糖尿病模型，并从右眼后眼眶静脉丛采血 1 次，测定血糖，将空腹血糖＞11.1mmol/L 者选入实验受试组。

2. 分组及给药方法：动物雌雄分笼饲养，自由摄食饮水，饲料为华西医科大学动物饲养中心提供全价颗粒饲料。

根据实验设计，共分 5 组：

正常对照组：自由摄食饮水，不加任何处理，15 只。

实验受试各组：将空腹血糖＞11.1mmol/L 的实验性糖尿病大鼠按血糖、性别的不同，随机分为以下 4 组：

低剂量组：每只大鼠灌胃相当于成人剂量 5 倍（1.6g/kgBW）的中药制剂，每日 1 次，15 只。

高剂量组：每只大鼠灌胃相当于成人剂量 10 倍（3.2g/kgBW 的中药制剂，每日 1 次，15 只。

达美康对照组：每只灌胃相当于成人剂量 10 倍的达美康（22.86mg/kgBW），每日 1 次，15 只。

生理盐水对照组：每只大鼠灌胃与高低剂量组等容的生理盐水，每日 1 次，15 只。

3. 电镜标本制作

在给药 6 个月后，每组随机取 2 只（雌雄各半）用作电镜观察。股动脉剪断处死大鼠后，立即开颅于视交叉处切断视神经，分离取出完整的左眼球及左侧视神经，置于 3%戊二醛磷酸缓冲液中预固定（pH7.4，4℃）后，放入 1%四氧化锇缓冲液（pH7.4，4℃）后固定 2 小时，经丙酮逐级脱水，Epon812 包埋后，在球后眶内段切 1μ 的半薄切片作光镜定位，每样本取视神经筛板后部分做横断面和纵切面的超薄切片，醋酸铀和枸橼酸铅双重染色，日立 H—600 型透射电镜下观察。

电镜标本由华西医科大学基础电镜室制作。

结　果

一、正常对照组大鼠视神经超微结构

视神经筛板后段主要由大量有髓神经纤维及少量神经胶质细胞组成。有髓神经纤维的外层可见排列整齐的板层髓鞘，轴索内可见大量的神经微丝。神经胶质细胞的细胞核形态规则，异染色质分布较均匀，细胞器形态正常。

二、实验组视神经超微结构

1. 生理盐水对照组糖尿病大鼠视神经筛板后段可见：视神经纤维轴索内微丝明显溶解而空泡化，部分神经脱髓鞘，或见髓鞘板层间疏散，神经胶质细胞的细胞核异染色质聚集、靠边、核周间隙节段性明显增大，胞质中可见溶酶体增多，线粒体明显肿胀变性，甚至空泡化，神经胶质细胞（主要是星形胶质细胞）明显增生。

2. 达美康对照组糖尿病大鼠视神经筛板后段可见：部分神经纤维轴索内微丝溶解而呈现较明显空泡化，部分神经纤维脱髓鞘；神经胶质细胞核异染色质聚集、靠边，核周间隙节段性增大较明显，胞质内线粒体肿胀变性，神经胶质细胞增生较明显。

3. 中药低剂量治疗组糖尿病大鼠视神经筛板后段可见：部分神经纤维轴索内可见微丝溶解而呈现轻度空泡化，少量神经纤维空泡化较明显，有少量神经纤维脱髓鞘，与正常对照组比较，髓鞘板层变薄，胞质内可见少量线粒体基本接近正常，大部分线粒体肿胀变性；可见神经胶质细胞增生，但不明显。

4. 中药高剂量治疗组糖尿病大鼠视神经筛板后段可见：大部分神经纤维结构基本接近正常对照组，少数神经纤维轴索内可见部分微丝溶解；未见明显的髓鞘，少数神经纤维髓鞘板层间疏散；神经胶质细胞核异染色质轻度聚集、靠边，核周间隙无明显增大，胞质内少数线粒体肿胀变性，未见明显的神经胶质细胞增生。

讨　论

糖尿病神经病变（简称 DN）是糖尿病常见的慢性并发症之一，目前对 DN 的研究多涉及周围神经和植物神经，关于糖尿病视神经组织病理学的研究至今在国内外未见报道。然而，有学者发现糖尿病视网膜病变患者视诱发电位（VEP）、对比敏感度等均有明显异常改变，甚至未发现视网膜血管改变的糖尿病患者，就可出现 VEP、对比敏感度降低，认为引起糖尿病患者视功能障碍的原因，不仅在于视网膜血管的病理改变，还可能与视网膜内或视路其他部位的神经功能障碍有关。我们通过实验观察到：实验性糖尿病大鼠视神经筛板后段的神经纤维退变，部分髓鞘脱失或变性，这一结果证实了临床早期糖尿病人生理物理学功能障碍的病理基础；并且首次从组织病理学角度揭示了糖尿病不仅致视网膜的病理损害，而且还损害传递视觉信息的视神经。

视神经属中枢神经系统的一部分，而非周围神经，对缺血缺氧尤为敏感。大量的研究已证明：糖尿病存在明显的血液流变性异常，微循环流态明显障碍，高血糖时致全身的蛋白非酶糖基化反应增加，组织器官明显缺血缺氧，从而使视神经营养代谢障碍而出现神经纤维退变和神经胶质细胞的病损。视神经的神经胶质细胞主要为星形胶质的细胞和少突胶质细胞。其中，少突胶质细胞生成视神经纤维的髓鞘，对神经起提供营养和维持生存的作用。因此，作者推测：糖尿病的代谢紊乱和组织缺血缺氧是导致视神经病理损害的基础，而在此基础上所出现的少突胶质细胞的病理损害可进一步加重神经纤维的退变。此外，星形胶质细胞则主要起支持作用，视神经受损时，因其不能再生，主要以增殖能力强的星形质细胞填补缺损或包围损伤区。因此，星形胶质细胞的增生程度可间接地反映神经纤维的损害程度。本实验结果亦显示：生理盐水对照组糖尿病大鼠视神经不仅神经纤维病损明显，且有大量的星形胶质细胞增生。

DN 的发病机理迄今未完全阐明。近年来的研究表明：蛋白质非酶糖基化、微血管血流动力学改变以及山梨醇——肌醇代谢异常与 DN 发病关系甚为密切。而蛋白质非酶糖基化和山梨醇—肌醇代谢异

常均以高血糖为其生化基础，因而控制高血糖是预防DN的重要环节。我们在实验中观察到糖尿病大鼠视神经病理损害达美康对照组较生理盐水对照组轻的结果亦支持这一观点。但实验性糖尿病大鼠经滋养肝肾、活血化瘀的中药制剂治疗后，其视神经的病理损害明显减轻，并且中药高剂组明显优于达美康对照组．这说明滋养肝肾、活血化瘀的作用机理不仅在于降低血糖而且还可能与改善微循环及山梨醇—肌醇代谢异常有关。其具体作用机理有待进一步研究。

The Influence on the Ultratructures of Experimental Diabetic Rats Optic Nerve with Nourishing Liver and Kidney, Activating Blood and Resolving Stasis

Xie Xuejun　　*Li Rui quan*
Leading Teacher: Liao Pinzheng　　*Zhang Farong*
Chengdu college of TCM

Pathological investigation of diabetic optic nerve and its changes caused by herbs have nerve been reported in nation - wide. For this reason, optic nerve tissces of alloxan (120mg/kg) incuced diabetic rats were inverstigated by transmission electron microscope. The changes of ultrastructures of experimental diabetic rats, optic nerve caused by the method of nourishing liver and kidney yin and activating blood and resolving stasis were also observed. Electron microscopic findings demonstrated that in the postlaminar part of the optic nerve of experimental diabetic rats, swollen neurons contain many vacuoles of various sizes and a few neurofilaments. In comparison with the normal control group, the myelin in the diabetic rats were thinner and its lamella were detached with many vacuoles. The demyelination in the diabetic rats was also seen. In the glial cell nuclear, the heterochromation's margination was found, and the perinuclear space was markedly enlarged in part. The mitochondrias were swollen and deteriorated, and even got to be vacuoles. The optic nerve in the diabetic rats had many glail cells and their well—developed processes occupied the space between the axons. But the pathological damage of the optic nerve of experiment diabetic rats treated with nourishing liver and kidney yin and activating blood and resolving stasis herbs was ameliorated significantly by comparison, and the hyperplasia of glial cell was restrained.

糖尿病周围神经血管病变红细胞山梨醇含量与中医辨证关系的探讨

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高血糖所致的多元醇代谢旁路增高，醛糖还原酶活性过高而使红细胞山梨醇堆积是糖尿病并发周围神经血管病变的重要发病机理之一，这已被许多学者所公认，我科题组承担了国家中医药管理局重点科研项目一“中药治疗糖尿病神经血管病变对多元醇代谢旁路影响的临床与实验研究。”在研究中我们观察了糖尿病并发周围神经血管病变及中医辨证分型与红细胞山梨醇含量的关系，发现糖尿病伴有周围神经血管病变的红细胞山梨醇升高；同时发现红细胞山梨醇水平与中医辨证分型关系总的趋势表现为气阴两虚兼血瘀型＞气阴两虚＞燥热内盛。现将观察结果报告如下：

1. 资料与方法

1.1 纳入研究对象：68 例患者均为我院住院病人，其中男 32 例，女 36 例。35 例健康人为输血队员和我院职工。

1.2 诊断标准

1.2.1 符合 WHO 糖尿病专家委员会提议 1982 年全国糖尿病会议采纳的糖尿病诊断标准。

1.2.2 有神经血管病变的临床症状和体症。(感觉障碍，腱反射减弱或消失，植物神经功能异常，同时伴有正中，尺，腓运动神经传导速度异常，指趾端紫绀、溃疡、坏疽。

1.2.3 消渴病兼有下肢疼痛，麻木不仁，甚则青紫，溃破等症。

1.2.4 辨证分型：68 例病人中医辨证分为三型：①燥热内盛型，主证除了三多症状较甚外；口燥咽干，舌质红赤，苔黄而燥，脉洪数有力，②气阴两虚型：气短胸闷，动则加重，自汗，精神差，乏力，头晕耳鸣，失眠多梦，咽干，潮热，舌红少苔，脉细数，③气阴两虚兼血瘀，除了气阴两虚证外并兼有气滞血瘀证，(阴阳两虚因例数太少未统计在内)。

1.2.5 血瘀证按 1986 年，广州第二届全国活血化瘀研究学术会议的标准。

1.3 研究指标　红细胞山梨醇采用酶分析法，根据国内王洪，周云平方法测定。山梨醇标准品为美国 sigma 产品，山梨醇用日本岛津—R・F_{540}荧光分光度计测定。

肌电图采用国产 JD-Ⅱ型肌电图。

微循环检查采用 WX-B 型微循环显微镜

2　结果。

2.1 在燥热内盛、气阴两虚，气阴两虚兼血瘀证三组中红细胞山梨醇测定的水平其总的趋势表现为：气阴两虚血瘀＞气阴两虚型＞燥热内盛型；气阴两虚兼血瘀型的红细胞山梨醇水平明显高于其它两型，P＜0.01、气阴两虚型高于燥热内盛型，但差异无显著性，P＞0.05。阴阳两虚型因例数太少，暂未统计在内。

2.2 糖尿病中医辨证分型与红细胞山梨醇含量关系见表 1。

2.3 糖尿病伴有感觉障碍，同时正中、尺、腓运动神经，传导速度异常，指、趾端紫绀，肢体疼痛麻木病人的红细胞山梨醇水平为：88.43±25.47。

无以上症状者红细胞山梨醇水平为：54.47±26.14。

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[2] 河南师范大学

正常健康人红细胞山梨醇水平为：51.47±24.14。

表1 消渴病各证型红细胞山梨醇含量比较 (mmol/L，$\bar{x}\pm S$)

组别	例数	红细胞含量
对照组	35	51.47±24.14
燥热内盛	18	53.24±24.41*
气阴两虚	23	67.14±24.45**
气阴两虚血瘀	25	88.43±24.47***

注：与正常对照组比较 * P>0.05，* * P<0.05，* * * P<0.001

3 讨论

3.1 本组病例观察了红细胞山梨醇与糖尿病神经血管病变及与中医辨证分型的关系。其结果是：糖尿病伴有神经血管病变的红细胞山梨醇水平升高。无神经血管病变的则无明显的变化。与中医辨证分型的关系是：红细胞山梨醇的含量表现为：气阴两虚兼血瘀型>气阴两虚型>燥热内盛。这表示随着燥热内盛，气阴两虚，气阴两虚兼血瘀内阻的病情逐渐加重，红细胞山梨醇的水平逐渐增高；疾病发展到久病入络而致瘀血内阻时其红细胞山梨醇水平明显增高，似乎也说明中医的“瘀血证”与周围神经血管病变有着不可分割的内在联系。

3.2 该研究改变了以往中医药治糖尿病神经血管病变缺乏理论根据，缺乏判定疗效的客观指标的现状，为中西药治糖尿病周围神经血管病变及中医辨证分型提供了理论根据。这在提高糖尿病研究水平，及使中医对糖尿病的研究工作走向世界等方面均是有益的探索。

Study on the Relationship between the Neurovascular Disease of Diabetes, the Coutent of Sorbic Alcohol in Erythrocyte and the Syndrome Type of Diabetes According to TCM

Yang Bing, Song Xiaomin, Lu Jingzhong et al.
Xinxiang City 2nd People's Hospital, Henan Province

The relation between the content of sorbic alcohol in erythrocyte, the neurorascular disease of diabetes and syndrome type of diabetes according to TCM was studied. It's clear that a diabetic with neurovascular disease always has an increment of sorbic alcohol in erythrocyte. But no evident change was noted in a diabetic without such kind of disease. The variant extent of sorbic alcohol content in erythyocyte is related to the syndrome type of the disease according to TCM, A diabetic with both insufficiency of Qi and Yin together with internal blood stasis is more severe than a patient with both insufficiency of Qi and Yin and much more severe than a patient of exuberance of internal dryness heat. It means that the sorbic alcohol level in erythrocyte will increase gradually along with the disease gets worse, especially when a diabetic with an internal blood stasis due to the chronic course of the diease and it's incursion into the internal part of the patient, the level of sorbic alcohol in erythrocyte is much higher than that of the control group. The result provides not only the theoretical basis but also the objective index for the diagnosis and typing of diabetes according to TCM as well as the treatment of diabetic neuropathy.

糖尿病性周围神经病变中医辨治的体会

新疆自治区干部疗养院　李　莉　李　征

糖尿病性周围神经病变是患者临床上最常见的并发证，患病率达60-90%，甚则可累及糖尿病全部患者。临床表现以疼痛为先驱证状，夜间加重，尤以双下肢对称性疼痛为多见，以双侧对称性远端神经病变为主，感觉神经多于运动神经，发病缓慢，逐渐加重为特征。

根据其临床特点，辨证施治，收到了一定的疗效。

一、临床资料

1. 病例选择：患者均符合WHO糖尿病诊断标准。周围神经病变的诊断符合下列标准之一：①感觉障碍（疼痛、麻木、痛觉、指趾振动觉减退或消失）伴传导速度减慢；②肌无力萎缩伴神经传导速度减慢；③膝跟腱反射减退或消失伴传导速度减慢；④排除药物中毒、过敏、感染及其他原因引起的神经病变。

2. 一般资料：本文共收集30例病人，男18例，女12例，平均年龄52岁，糖尿病病程平均16年，神经病变平均7年。空腹血糖：11.2±3.1mmol/L，血肌酐51±17.2μmol/L 。

二、治疗方法

（一）内服法：1.1　寒邪阻络

主证：四肢刺痛，痛有定处，活动不利，遇寒加重，夜间多发，舌质淡有瘀点，苔薄白，脉弦紧。

辨证：寒邪阻络

立法：温经散寒，祛风止痛

方药：行痹汤　蝮蛇18g，制乌头（先煎）3g，麻黄4.5g，赤芍9g，炒白芍15g，炙黄芪15g，桂枝6g

当归12g，川芎9g，炒白术15g，生甘草6g，大枣3枚

1.2　气血瘀阻

主证：四肢疼痛，屈伸不利，渐至麻木不仁，状如蚁行，舌质暗有瘀斑，脉沉涩。

辨证：气血瘀阻，脉络不通

立法：活血化瘀，通络消痹

方药：蠲痹汤加减（羌独活各12g，海风藤18g，秦艽9g，桂枝6g，当归12g，川芎9g，木香6g，乳香6g，海桐皮15g，蝮蛇18g，炒白术15g，全蝎12g，桑枝9g，生甘草6g）。

1.3　气虚血滞

主证：心悸气短，动则尤甚，肢体麻木，感觉障碍，自觉发凉，屈伸不利。舌质淡有瘀斑，苔白，脉沉弦。

辨证：气虚血滞，四肢麻痹

方法：益气活血，祛瘀消痹

方药：补阳还五汤加减（炙黄芪19g，当归12g，赤芍9g，川芎9g，地龙12g，桃仁12g，红花12g，蝮蛇18g，杜仲12g，桂枝6g，炒白术15g，全蝎12g，甘草6g）。

2. 外用法（药浴法）：

以下中药煎汁药浴，达到益气活血，去瘀消痹之目的。

处方：炙黄芪30g，当归24g，川芎15g，海桐皮30g，桂枝15g，木瓜24g，秦艽18g，全蝎18g，

羌独活各 18g，牛膝 18g，细辛 6g，甘草 12g。

在以口服降糖药物优降糖控制血糖的同时，服用中草药水煎剂，每日一剂，同时配以药浴每日一次，30 天为一疗程。治疗期间停用其他治神经病变的药物。

三、疗效评定标准

临床疗效：显效，障碍消失，指趾振动恢复；有效：感觉障碍减轻，振动感改善；无效：感觉障碍及指趾振动均无改善。

经治二疗程后，显效率达 40%，有效率 50%，无效 10%。

四、体会

糖尿病性周围神经病变应属中医“痹证”范畴，《杂病源流犀烛・诸痹源流》云：“痹者，闭也。三气杂至，壅蔽经络，血气不行，不能随时发散，故久而成痹。”临床上进行辨证施治，运用内外同治的方法，每方中均加入蝮蛇 18g，取其活血脉、通经络、消痹解毒之功用，疏通微循环，抗氧化，降脂，去纤，从而促进了神经病变的恢复。

据本文结果表明，中医药治疗糖尿病性周围神经病变，不但能明显改善临床症状和体征，提高神经的传导速度，而且作用持久。

Traditional Chinese Medical Therapy of Diabetic Peripheral Neuropathy

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Diabetic peripheral nervous pathological change belongs to “numbness syndrome” in Traditional Chinese Medicine. Based on the symptoms and physical examination, 3 syndrome groups are sorted out of 30 cases of DM. Oral medicament and external lotion are used respectively to treat the cases. In order to promote the recovery of nervous pathological change, 18g pallas pit viper is added to each recipe to dredge microcirculation, impede oxidation, decrease blood lipid and remove fiber. An effective rate of higher than 85% is demonstrated after 2 courses of treatment, and physical examination results also show an obviousfavorable recovery.

法中合作双盲法随机取样治疗216例
Ⅱ型糖尿病研究报告

法国法中糖尿病专家委员会主席
法国波比尼大学医学院糖尿病专科主任　阿达理

糖尿病在中国的情况，以及中医怎样治疗糖尿病，是我长期以来感兴趣的题目。1987年，我倡议成立一个专家委员会，组织中法两国的糖尿病专家就以下内容进行交流合作：1. 交换两国当代糖尿病流行病学资料；2. 疑难并发症的治疗；3. 糖尿病的综合治疗、护理、管理和教育。我的倡议得到法国米勒伯耶药厂的支持，中国卫生部亦给予了极大的帮助。1988年，委员会正式成立。在法国方面，她包括了来自巴黎、南特、蒂萨松、汉斯、蒙伯里耶、马赛的七位糖尿病专家，法国国家医学与健康研究院第21研究所主任和米勒伯耶药厂的代表。在中国方面，有来自北京、上海、四川、广东的五位糖尿病专科主任，以及中国卫生部的一位联络代表。

委员会在中国五个糖尿病中心组织了对Ⅱ型糖尿病的双盲法研究治疗，旨在评估中国医学对Ⅱ型糖尿病的疗效。这是在欧洲、也是在中国第一次由中法合作进行的研究。

1. 材料及配方

中药片剂（黄芪、黄连、忍冬提炼剂）及同形安慰剂。

优降糖2.5mg/片及同形安慰片剂。

上述材料组合成四个配方：

A：优降糖安慰片剂1片＋中药安慰片剂7片。

B：优降糖片剂1片＋中药安慰片剂7片。

C：优降糖片剂1片＋中药片剂7片。

D：优降糖安慰片剂1片＋中药剂7片。

四组均为每日三次，餐前服有。

2. 疗程与检验

连续治疗三个月，每月检查一次。治疗结束时，检验空腹及进餐后2小时的血糖、血浆胰岛素、糖化血红蛋白。

平时病员换用法国米勒伯耶药厂提供的指端血测糖计，自检记录血糖。

3. 选择标准

患者自愿合作；两种性别；年龄40—70岁；体重≥95%标准体重，可以行走；育龄妇女服避孕药或工具避孕，无急性感染、慢性感染稳定期；无活动性肝病；无肾功缺损；非酮症；无双氯苯咪唑治疗；耐受降糖硫酰胺；非胰岛素依赖型糖尿病。

开始本治疗前1个月以来，仅接受饮食治疗法或者口服优降糖安慰片剂。三次空腹血糖平均值为8.9－12.2mmol/L。

病员地区分布为：上海88例、北京40例、广东42例、成都46例。

4. 观察结果

A组　56例

B组　56例　统计学意义的体重上升、胰岛素水平上升、血糖下降。

C组　50例　显著的降血糖的协同效应。

D组　54例　检验性进餐后2小时，出现有统计学意义的血糖下降。

在使用优降糖的B组和C组，有19例患者出现低血糖。

结　论

中药片剂（黄芪、黄连、忍冬）与优降糖联合应用，无拮抗反应，相反有增效作用。主要在降低血糖。单独应用中药片剂亦可取得餐后 2 小时血糖下降的效应。

法中糖尿病专家委员会今后将继续遵循其宗旨，与中国同道开展交流与合作研究。

Chinese Traditional Antidiabetic Therapy Versus Sulfonylurea (Glibenclamide) in the P. R. China: Randomized Controlled Clinical Trial

Attali
Jean—Raymond, University of Paris—Nord, President
Chinese—French Scientific Committee for the Study of Diabetes (France)

A clinical trial was performed in noninsulin — dependentdiabetic patients in the People's Republic of China. The aim was to evaluate the efficacy of a traditional phytotherapy made from three plants, and its association with a sulfonylurea (2.5mg x 3/d). The methodology for this multicentre randomizeddouble—blind trialwasa2x2 factorial

design: (4 groups: 1=placebo (P) phytotherapy+P glibenclamide; 2=P phytotherapy+verum glibenclamide; 3=verum phytotherapy+verum glibenclamide; 4=verum phytotherapy+P glybenclamide).

TO be included, patients had to be non insulin—dependent diabetic out—patients, aged 40—70 years, treated either by diet alone or by oral anti—diabetic drug, with a mean value of 3 fasting blood glucoselevels between 8.9 and 12.2mmol/l. Examinations were planned monthly, during the 3 months of treatment. The endpoint criteria to be evaluated were HbA1, blood glucose and plasma insulin (at fasting, 1hr and 2 hr after a test meal). At each visit, a clinical examination was performed, and a questionnaire on the side effects and the associated symptoms was completed. The dose was reduced by half in the caseof hypoglycemia. The two—hundred and sixteen patients recruited in the 5 centres (Shangai (1) =48; Shangai (2) =40; Beijing=40; Canton=42; Chendu=46) were randomized in the 4 treatment groups (group 1=56; group 2=56; goup 3=50; group 4=54). Eleven patients were withdrawn for administrative reasons. In patients treated with glibenclamide, a significant increase in weight and insulinemia were observed, together with asignificant decrease in blood glucose values; in those treated by phytotherapy, only blood glucose value 2 hr after the test meal decreased significantly. A synergetic effect on blood glucose was observed when both treatments were given. Hypoglycemia occured in nineteen patients (all in the 2 verum glibenclamide groups).

琼玉膏（益寿永真膏）对于消渴病（糖尿病）的有效性报告

日本东洋医学药学古典研究会事务局长　角田睦子

绪言　消渴与现代的糖尿病相似，主要有口渴、食欲异常亢进、大量尿糖等症。现代医学通过血、

尿糖等检查较易诊断，中医诊断以“四诊”辨证，西医治疗以胰岛素为主。对于非胰岛素依赖型的糖尿病患者，尽管进行了各种治疗，但仍对糖尿病“倦怠感和手足麻木”的症状无效，服用琼玉膏可取效。特此报告。

方法　琼玉膏出自《洪氏集验方》，朝鲜许浚的《东医宝鉴》中也有记载，由人参、地黄、茯苓三味药反复精炼而成。许氏又加地骨皮、麦门冬、天门冬、以蜜为膏，又名“益寿永真膏”，作为长寿药而上贡中国皇帝。因其制法复杂，一直未曾面世，现经信州药品研究所的秦氏苦心研究而得以成功。10年来把本品试用于手足麻木、倦怠无力的非胰岛素依赖型糖尿病患者600余人，每日含服30－40g，服用1年后复查，约87%患者症状改善、尿糖正常，本品久服能“补益精髓、强筋壮骨、充盈血脉、白发变黑、去老还童、终日疾走如飞而不感饥饿”。

讨论　琼玉膏原为长寿保健而作，但因长期不得其法，所以其治验极少。为了进一步研究开发应用于更多的糖尿病患者，如何在忠实于原配方的基础上，应用现代科学技术改善其制造工艺和研究其制造组成是重要的课题。

The Effect of Panax Keigyoku Medication on "Shokachi" ——A Type of Diabetes Mellitus

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The Institute of Classic Oriental Medical Science and Pharmacology, Japan

INTRODUCTION

In this paper, I would liketo report about 30 diabetes patients who were administered Panax Keigyoku Medication with good results. They were initially diagnosed as NIDDM but had long suffered from dullness and paralysis in their hands and feet despite all kinds of treatments.

METHOD

The Panax Keigyoku Medication comes from an old book by Kathu Kyo, a Chinese scholar. According to "Tohi Hohkan", a book written by a famous doctor Kyosyun from Korea, it was developed after many trials and failures and was offered to the Chinese Emperor as a superior elixir of life.

It is a combination of Panax Ginseng C. A. Mey, Rehmannic sp. and Pachyma Hoelen Rumph.

In addition to these ingredients other additives are Lycium Chinese Mill., Liriope Platyphylla. Wang. et tang. and Asparaus Cochinchinensis . Merr. as well as white-honey. Themedicine produced was named " Ekiju Eishin Ko", which is another name for Panax Keigyoku Medication. Since it was an elixir for the Emperor, the production method is extremely complex and so far there is no record that this medicine was available for general use. No proof can be found that it has ever been made on a mass scale. Mr. Kohnosuke Hata of the Shinshu Pharmaceutical Research Center has, despite many difficulties, finally succeeded in reproducing Panax Keigyoku Medication.

We administered it to 600 cases of NIDDM suffering from dullness or paralysis of the hands and feets over a period of 10 years, 30－40 grams of the medicine was orally administered to the patients daily. Upon examination one year later, 87% of the patients had no more dullness or paralysis of the hands and feet and their glycosuria had disap-

peared.

We proved that this medicine had a calming effect on the spirit, reinforced medullae, hardened the bone and strengthened muscle tone. According to classical medicinal texts, it may also increase blood flow, change hair from white to black and make us young forever. On several doses a day your energy would be at an all—time high and you wouldn't suffer from hunger.

Istrongly feel that in order to produce the medicine strictly according to the original written source, we must not only study the scientific research and production of the medicine but also the betterment of the production process itself and the actual composition of the Panax Keigyoku Medication. It is indeed a rare special medicine in Kanpo Chinese treatment.

糖尿病与消渴——三个疑难点与三种互补性

法国波比尼大学医学院中医教授 朱勉生

对于Ⅱ型糖尿病，在中国和欧洲都有人试图在治疗中组合中西两法之优势，以提高临床疗效。然而恰恰也就是在这种实践中，使我们发现糖尿病与消渴的不可混淆性。

首先，即便就算存在着临床上有意义的可比性，可是在理论与治疗方面却难于在糖尿病与消渴之间做出二者等同的综述。这就是为什么一些专著或论文集或将二者分章阐释，或是只有照抄“西医病名中医证型”套路的根源所在。二者不能等同的疑难之处，主要在于：

1. 糖尿病关于“胰岛素与胰腺”、“胰岛素与外周组织”的发病学说，是消渴病因所不包容的。
2. 中医津液理论无法转换进西医体系之中。
3. 西医血液和血液循环理论，与中医的血的理论不同。

当然，我们还是可以在临床病例和治疗中找到二者互相补充的内容：

1. 糖尿病与消渴在临床症状方面，有部分的重合。
2. 中国植物药与西医降糖药可以联合治疗糖尿病。
3. 中西饮食疗法可以互相参考。

Diabetes Mellitus and Xiao ke A Comparative Approach 3 Major Difficulties and 3 Complementary Aspects

Zhu Miansheng
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Several studies on type Ⅱ diabetes have attempted toshow that traditional chinese medicine (T.C.M) and Western medicine (W.M) arecomplementary and that there are mutual benefitsto be derived from the treatment given to the type Ⅱ diabetic subject in China and in the west.

However, a closer look at these studies leads to certain conclusions: although T.C.M and W.M have interestingclinical aspects in common, a coherent synthe-

sis of the two cannot be made for the theory and the treatment. The chapters are either on W. M or on T. C. M.

Furthermore, occasionally several different researchers have been called out to write the study. each one contributing his Western or Chinese inspired chapter, and no attempt has been made to produce a global theory based on the medicines. We are well avare of the difficulties encountered when comparing these two concepts. In this study we point out:

A. 3 major difficulties which prevent an etiopathologiccomparison of two concepts from being made.

B. 3 complementary aspects that are clinical and therapeutic.

A. 3 etiopathologic difficulties

(1) Concerning the concept of causal relationship, between the pancreas, insulin and peripheral tissues (W. M).

(2) The concept of organic fluids, indispensable to T. C. M, has no equivalent in W. M.

(3) Conversely, the notion of blood and blood circulation (W. M) does not correspond to the concept of XUE.

B. Complementary clinical and therapeutic aspects

(1) Clinical: partial coincidences (T. C. M. and W. M)

(2) StudiesofdrugsfromtheT. C. M pharmacopoeia associatedwith those used in W. M

(3) Types of diet in the treatment of diabetes.

近来日本糖尿病的临床特点分析

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日本御茶之水女子大学　会川义宽

目的与方法　把握糖尿病中近年来出现的新特点，有助于加深中医学对本病的认识。根据现代医学的最新研究成果，我们从中医学立场上对日本的糖尿病临床现状进行分析。

结果　新近的流行病学研究表明，1955—1985年间日本的糖尿病患者增长了30倍。目前年龄40岁以上者的发病率为10%，65岁以上者达到30%。病因学研究显示，发病的剧增与战后日本饮食结构的急剧欧美化密切相关。高脂肪及糖的过多摄取加上运动不足导致肥胖，被视为占患者数97%以上的NIDDM的重要诱因；症候学研究则提示，近来的患者症状常不典型，从发病至被确诊平均需7年时间。三多一少等消渴表现的出现常表明病程已入后期，而轻型·隐匿型患者以及被确诊为糖尿病的后备军IGT（糖耐量异常）者，多依赖于实验诊断。

结论　消渴与现代糖尿病不能等同视之。我们必须突破消渴理论的局限，对糖尿病辨证论治重新加以探讨。

TCM Study on Diabetes
——Recent Feature of Diabetes in Japan

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Hiroko UECHI[2] *Xiao WADA*[1] *Nige WISEMAN*[3] *Yoshihiro AIKAWA*[4]

〔Aim and Method〕 The aim of this study is to analyze recent feature of diabetes in Japan. The analysis was made on the view point of TCM theory comparing with the classical concept of " Xiaoke" with three much and one little.

〔Results and Discussion〕 The number of diabetes patients in Japan increased 30 times from 1955 to 1985. The current incidences of the disease are 10% and 30% for above 40 and 65 years old respectively. This marked increase of the in cidence has a direct relationship to abrupt westernization of the life style in Japan during this period. Excess intake of high fat and high carbohydrate diet as well as lack of exercise cause obesity, which is important inducing factor of NIDDM which forms more than 97% of the whole diabetes. Most of the patients do not show the so—called typical diabetic symptoms and the fixed diagnosis for the disease takes seven years average from the onset. The symptoms of "three much and one little"means the last stage of the diease. The adequate treatment for latent or potential type of the disease which shows IGT (Impaired Glucose Tolerance) is most important.

〔Conclusion〕 The classical concept of " Xiaoke" with three much and one little now seems to have little meaning for current diabetes, and it becomes more and more important to establish new methodology for this kind of diseases.

针药结合论治妇女糖尿病

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北京中医药大学东直门医院　肖承宗

本文分析了香港妇女糖尿病人特有的自身情况，以及妇女的生理病理特点，认为妇女糖尿病的发生与情志关系密切。提出妇女糖尿病的病因多是肝郁气滞，疏泄失调，影响了水津代谢，且肝肾同源，精血互根，为妇人之先天，乃冲任之本。若肝肾阴虚，津液内耗，致发消渴，严重者冲任失调，伴月经异常，从临床表现来看，女性糖尿病患者，除共有的三多一少症之外，常出现月经不调，痛经诸症，外阴瘙痒，甚或闭经等，故治疗妇女消渴，当从肝肾论治。

调肝滋肾为主。采用俞募配穴及任脉经穴为主穴，配穴采用脾、胃、肾经之穴，毫针针刺，得气留针 15～30 分钟，配合耳针贴豆，方药选用调肝汤（《妇青主女科》）及柴胡疏肝散（《景岳全书》）合并加减运用，针药合用以调养肝肾，使肝气畅达，肾阴充足，津液转输正常，冲任通盛而达治疗之目的。

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Treatment of Female Diabetic Patients by Acupuncture Combined with Herbs

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This article has analyzed the physiological and pathological characteristics of female diabetic patients in HongKong. It belives that emotional factors are important etiology of female diabetic patients. It points out that the pathogenic factors and pathogenesis of female diabetic patients are often stagnation of liver—energy which affect smoothing and regulating the flow of vital energy and blood. The metabolism of water and bodyfluid what's more, liver and kidney, essence and blood are derived from the same origin, which are congenital essential substance of the female.

The deficiency of liver and kidney Yin has resulted in the diabetes and disordered in Chong and Ren channels. Besides the common typical sympotoms, the female DM patients often have irreyular menstruation, pruritus vulvae and even amenorrhea. Therefor the female DM patients should be treated from liver and kidney. To minimize the treatment course and enhance effect, the author has used acupuncture combined with herbs, nourishing kidney Yin and adjusting liver energy as the treatment principle. We select shu acupoints cooperated with mu acupoints and the points of Ren channel combined with the points on spleen, stomach, kidney channel, we use the filiform needles, keep the needles for 15—30 minutes after achieving the normal acupuncture sensation. We also use the ear needling. As to herbs, we use Tiao gan decoction (adjusting liver) and Chai Hu Shu Gan San. We have achieved good effect by combination of needle and herbs.

指压疗法对消渴体质改善的效果

日本东洋医学药学古典研究会会员　尚玄治整复院院长　稻村正治

绪言　使用独特的指压疗法并用中药治疗消渴病而取得了较好疗效，现报告如下。

正文　消渴证不仅可通过口渴、多饮、饥饿感、多尿等主症进行辨证，而且可通过独特的指压手法对经脉的主干进行直接切诊，辨别肺、脾、肾的阴阳机能失调所引起症证，对证立法。

①治疗内容：一次一小时的全身指压治疗为主，饮食、中药疗法为辅。

②尚玄治指压手法的特点：通过熟练的指压手法，在直接触及运行于深部的经脉主干的同时，把点、面、深度及中枢和末端进行统一的、立体的、多点同时压的治疗方法。

③消渴的指压手法要点：烦渴取任脉和肺、大肠经，消瘦、心下痞、胃溃疡取冲脉和脾、胃经，尿频、便秘、取督脉和肾、膀胱经。

④饮食疗法：源于日本的传统饮食养生法。

⑤中药：以八味丸、柴胡龙骨牡蛎汤、白虎加入参汤等辨证并用。

⑥治疗结果：气力充实、体重增加、大便通畅、腰痛消失、但手足麻木尚存。

结论　对于消渴病中医认为是患者自身五脏六腑气血失常所致，对此进行调整，可恢复及保持健康。

The Effect of Finger—Pressing Therapy to Diabetes

Inamura shoji

A number of the ancient oriental medicine research commettee
President of shogenji rehabilitation hospital

〔Prelude〕The author has used the unique finger—pressing therapy combined with herbs to treat diabetes and achieved good effect.

〔Content〕As to diabetes, I make differentiations not only by the main symptoms such as thirsty, hungry feeling and frequent micturition, but also by finger—pressing on the channel trunk as a way of palpation. I differentiated the signs and symptoms caused by Yin—Yang imbalance of lung, spleen or kidney, and made treatment principles based on the differentiation.

1. Method: whole body finger—pressing therapy, one hour each time, combined with dietary and herbs treatment.

2. The characteristics of shogenji finger—pressing therapy: Through finger—pressing, by touching the deep inside channel trunk, this therapy treats the channels from various aspects such as points, two dimensional, three dimensional, both central and peripheral.

3. The main points of the therapy for diabetes: If thirsty, to select ren, lung and colon channel. In the case of scrofula, feeling of fullness in the chest or upper abdomen, peptic ulcer, to select Chong, spleen, stomach channels. In the case of frequent micturition, constipation, to select Du, kidney, bladder channels.

4. Dietary treatment: Which is originated from traditional Japanese dietary health keeping method.

5. Herbs: We use mainly Baweiwan pill, decoction of Chinese thorowax, fossil fragments and oyster, Baihu decoction.

6. Efficacy: Recovering energy, increased body weight, normalized stool, disappeared lumbago. But there is still the numbness of hand and feet.

〔Conclusion〕Traditional Chinese Medicine believes the diabetes is due to the abnormality of blood and energy, five solid organ and six hollow organ. So we should treat them as a whole.

非胰岛素依赖型糖尿病（消渴病）的饮食疗法

日本春光苑汉方研修会会员　中野百树

绪言　消渴是指除了现代医学的糖尿病外，即使没有尿糖、血糖的异常，而见口干、多饮、多尿

等干燥症状的疾病。对此饮食疗法非常重要。其中大量服用“MIKIPRUNE. extrct”取得了良好效果，特此报告。

治疗经过　患者400人，大部分为非胰岛素依赖型糖尿病，其中胰岛素依赖型糖尿病患者6人。每天服用健康食品“MIKIPRUNE. extrct”30g。经本研修会共同调查，约70%（270）人，包括胰岛素依赖型糖尿病患者，口干、多饮、多尿等症状在40天前后得到改善。便秘、高血压、肩凝等症状缓解。根据10年的统计，合并症发生率为13%（52名），其中发现有心脏疾患患者，可能为既存的慢性之疾。

结论　作为饮食疗法的原则是使用不含葡萄糖的食品来调整机体的能量，积极地改善体质、全面调整是非常必要的。“MIKIPRUNE. extrct”通过改善饮食而取得一定的效果，由此更加感到对于消渴的治疗来说饮食疗法非常重要。

Alimentary Therapy for Patients of NIDDM Effect of Miki Prune Extract

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Introduction

We diagnose patients who have hydrodipsia, polyposia and/or polyuria without glucosuria and glycemia as prediabetes. In Chinese medicine we think they are short of body fluid and blood. An alimentary therapy is most important for them. I report the effect of administration of much Miki Prune Extract on their various symptoms of diabetics.

Results

Most patients were NIDDM expect 6 IDDM in 400 patients. We administered 30g of Miki prune Extract to them daily. About 40 days later, hydrodipsia, polyposia and polyuria were ameliorated in 270 patients. And their symptoms such as constipation, hypertension and feeling stiff in their shouders were improved. During these 10 years, complication appeared in 52 patients.

Conclusion

According to a rule of the alimentary therapy of diabetes mellitus, diabetic had better take foods which don't contain glucose while considering their total calory. But I think that they must improve their constitutions and control their health as a positive treatment. Miki Prune Extract was very effecive for diabetics. So I took the importance of nutritional balance.

消渴病患者妊娠时地黄的应用

日本春光苑汉方研修会会长　栗岛行春

消渴病患者妊娠时，容易发生流产、早产、畸形、死胎、大于胎龄儿分娩等，其治疗用中药比西医副作用少，且不易发生合并症。为此我们就中药地黄对于妊娠的消渴病患者的有效性进行了研究。

预防妊娠中毒症：地黄具有滋阴养血功能，常用于阴虚发热、消渴、吐血、衄血、血崩、胎动不安等。

用治羊水过多症：一般羊水量是600－－2000ml，因羊水中葡萄糖浓度高而致羊水增多。临床经验表明妊妇使用地黄后可以缓解。

预防流产、早产：消渴患者常易引起流产、早产，对有流产倾向或流产史的妊妇使用地黄可取得较好效果。

对于有畸形产、死胎产史的妊妇使用地黄也有效果。对于有肾消症状的妊妇，在六味丸或八味丸中增大地黄的使用量能取得更好的效果。

地黄的主要成分由五种糖成分所组成。生地黄中含水苏糖及其分解物密三糖和甘露三糖较多。而熟地黄则含密二糖较多。因此，糖尿病患者使用熟地黄效果较好。

地黄的主要成分及组成见图（略）。

Effect of Rehmanniae Radix on the Pregnancy of Diabetics

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When diabetics are pregnant, they often have abortion, premature labor, teras, premature—still birth or giant baby. It's possible for diabetics to become pregnant. But we think they had better not take chemical products in Western medicine but herbs for a safe delivery, because herbs have few side effects and complication is seldomly induced by them. In this study, we discussed the effects of Rehmanniae radix on the pregnancy of diabetics.

Gestosis

We have some chances to give them Rehmanniae Radix nourish yin for the prevention of gestosis in case of diabetics when blood vomiting, nose blood and unstable fetal movement appears Hydramnios.

Normal volume of amnion is 600—2000ml. Hydramnios is induced by high concentration of sugar in amnion. We used Rehmanniae Radix on the basis of our experience to pregnant women.

Abortion and Premature Labor

Diabetics often have abortion or premature labor. Rehmanniae Radix was effective for diabetics who had had abortion or premature labor, or were liable to have them. It was also effective to prevent a terato delivery for them. Baweiwan or Liuweiwan was effective for a safe delivery of renal diabetics by adding Rehmanniae Radix.

Raw Rehmanniae Radix consists of stachyose which contains five kinds of sugar. Raffinose or manninotriose which is released from stachyose increases in Rehmanniae Radix. And melibiose increase in steamed Rehmanniae Radix.

So we conclude that steamed Rehmanniae Radix is most effective for diabetics.

关于匙羹藤（金刚藤）抑制甘味的效果

日本东洋医学药学古典研究会会员（针灸师）　谷口里美

绪言　无论消渴的初、中、晚期，作为饮食疗法，控制葡萄糖摄取，用葡萄糖以外的食品补充能量是西医的原则。但要改变长期的习惯，长期限制甜食也是非常痛苦的事。因此，最理想的方法是让患者不喜欢甜食而自发的限制甜食。现将有关匙羹藤抑制甘味、再配合针灸治疗消渴证而取效的研究报告如下。

方法　匙羹藤叶研末，先让患者尝食砂糖，证实其甜味后，再舔服匙羹藤粉，当时无变化，2－3分钟后，再进食砂糖时则甜味感消失。经过医生的指导与说明，在取得患者的理解和信任后开始本试验。以匙羹藤叶煎汤代茶，每于欲进甜食前饮用，令其失去甜感，由此逐渐改变吃甜食的习惯，顺利进行饮食疗法。一年中经服用300余人，全部有抑制甜食的效果。此法实用简便，效果确实。

在改善消渴病患者的体质方面，积极进行针灸治疗能取得更好的效果。其穴位主要采用足阳明胃经、手太阴肺经、足少阴肾经的井穴。

结论　匙羹藤又名金刚藤，印度常用治糖尿病，其有效成分是匙羹藤酸，化学结构如图所示。本品只抑制甘味，对盐、酸、辣、苦味等完全无反应，效果约持续2－－3小时，在欲进甜食前服用效果最好，而且没有副作用，可配合饮食疗法，作为控制甜食的辅助方法来使用。

The Effect of Gymneme Syluestre R. Br. (匙羹藤) on Sugar Restriction

Satomi Yaguchi

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Introduction

Whether in the initial stage, middle or final stages of "Shokachi (消渴)" (diabetes mellitus), emphasis should still be placed upon diet control to keep blood－sugar levels down.

In this paper I would like to report on our examination of Gymneme Syluestre R. Br. (匙羹藤) medication's effect on the reduction of glucose.

Method of Examination

Even though patients realize that sugar is harmful, it is difficult for them to resist eating sweet things when they like them. Since diabetes mellitus is a disease which does not immediately threaten the life of patients, it is difficult to change their eating habits.

If the positive effect of the Gymneme Syluestre R. Br. (匙羹藤) can be proved to inhibit the sense of sweet taste, then it will be favorably received indeed.

I made a powder of the Gymneme Syluestre R. Br. (匙羹藤) produced in India and administered it to diabetic patients in the form of tea. A year later most of them were

consuming a dramatically less amount of sugar which is a favorable consideration for the disease.

Conclusion

Gymneme Syluestre R. Br.（匙羹藤）proved to have a sugar—restrictive effect and patients only need to boil it first then drink it like tea.

消渴病合并肺癌发病早期治验

日本春光苑汉方研修会事务局长、药剂师　川崎悠利子

绪言　对于长期患有消渴病，合并肺癌而被现代医学宣告生存期只有数日的绝证患者，通过先服用旋复代赭汤，后用“地黄”剂调治而取效。现在就此治验病例报告如下。

治疗经过　男性患者，60岁，青年时代开始患有消渴病，平均空腹血糖在7.8mmol/L以上，一直进行西医治疗和饮食疗法。1987年冬因感冒入院，初诊为肺炎，后经检查确诊为肺癌，因为不能进食，呼吸困难而用胃管导入营养剂及吸氧来维持，被告知生存期只有数日。应家属的要求而延治于中医，当时患者症见心下痞坚、噫气不除、吞酸、寸脉弱缓。中医辨证论治：弱是阳气不足，缓是胃气有余，膈气上逆而噫气、不能进食。选用旋复代赭汤和中降逆。服用2小时后血压、体温曾异常上升，但呼吸困难减轻。2小时后再服，连用3剂，16小时后，呼吸平稳，渐能进汤水，大便通畅，说话有力，故停止吸氧，撤离胃管。1月后出院。唯胃热、食欲亢进等消渴症状未尽，故改与地黄剂调治，一年后诸症告愈。

结论　由上述治验可见，中医学之精髓在辨证论治，方和证相符尤为重要，若简单地以病取方则难以取效。

Treatment of Patients with Chronic “Shokachi（消渴）” ——a type of diabetes mellitus—— Complicated with First Stage of Lung Cancer

Yuriko Kawasaki（*Pharmacist*）

Shunkoen Chinese Medicine Research Group，Japan.

Introduction

A patient with chronic diabetes mellitus（消渴）developed lung cancer and was diagnosed as having only a few days to live. Modern Western medicine was unable to save him.

In this paper I would like to report on this patient. I first admiministered " Hsuan fu hua tai che shih tang（旋覆花代赭汤）" (Inula and Haematite Combination) to him and he made a recovery. I then continued his treatment using Rehamannic ap. medicine（地黄）and he was completely cured.

Process of Treatment

The patient was a 60 year—old male. He had suffered from chronic diabetes mellitus

since he was a teenager, and was taking Western medication contantly in addition to con trolling his diet. His fasting blood glucose level was more than 140mg. In the winter of 1987, he went to the hospital for routine treatment of a gradually worsening cold.

He was first diagnosed as having pneumonia. As he could not eat or drink and had difficulty in breathing, he was given nutrition via a nasal tube. Later, however, lung cancer was found and he was announced to have only a few days left to live.

When his family, who could not accept this diagnosis, came to consult us, he had the following symptoms: a hardness beneath the heart, continuous hiccoughs, an irregularly slow pulse, a sensation of heaviness and occasional weak spells. He also suffered from a ravenous appetite complaining constantly, " I'm hungry. " It was evident, however, that if he ate he would be unable to digest his food because of the hiccoughs. I considered the symptoms to decide on the method of treatment and ended up by giving him" Hsuan—fu—hua—tai—che—shih—tang". Tow hours after administration, although both his blood pressure and temperature had increased to a higher level, the agony of breathing had eased. The medicine was then administered to him again at that time, and once more two hours later, for a third time.

When sixteen hours had passed since the first dosage, he no longer had breathing difficulties and the drip providing nutrition was removed. After having eaten a thin rice gruel, he was able to have a bowel movement. Oxygen inhalation was no longer needed and he was released from the hospital with only the chronic disease of diabetes mellitus. A different medicine, Rehmannic sp. was then dispensed because of his abnormal appetite and one year later he had recovered completely.

Conclusion

From this example, it is shown that the crucial method in Chinese Traditional Medicine involves the relationship between the symptom show and the medicine prescribe. Therefore, classifying the symptoms and considering methods of treatment is extremely important. Problems will arise when using a medicine for treatment of a disease only in name without considering the various symptoms.

消渴合并癌症是致命的病

日本春光苑汉方研修会　岛添隆雄

消渴以三多一少（多饮、多食、多尿、体重减轻）为临床主症，中医认为：阴虚而生燥热，津液受损，引起肺、肾、胃病变。所以中医治疗以清热养阴、益气养阴、补益肾阳为主。

消渴合并癌症的治疗非常困难，关于癌症的中药治疗，有用治于胸胁苦满的柴胡剂及用于益气的补中益气汤和十全大补汤等。但是这些中药大体上都是被作为抗癌剂的辅助药使用。关于消渴，《诸病源侯论》有"夫消渴者，渴不止，小便多是也……其病变多发痈疽。此坐热气留于经络不引，血气壅涩，故成痈疽。"的记载。香川修庵也认为"多发痈疽则死"。此外，现代西医学也认为糖尿病患者易并发多种癌及糖尿病免疫力低，血糖水平难以控制。

我们认为，津液不足阴虚的消渴患者，如果合并癌症则病危重，其中药治疗非常困难。

Cancer Is A Fatal Disease for Diabetics

Takao Shimazoe
Research Institute of National Kyushu Cancer Center

The treatment will be very difficult when cancer is complicated in dabetics. For the treatment of cancer Radix Bupleuri is used to remove fullness sensation in the chest and abdomen. And Shiquandabutang and Buzhongyiqitang are used to increase qi. But they are used only to supplement the effects of anticancer drugs. About DM Byogen Koron said. Diabetics have thirst and thamuria. Fever stays in one site and blood and humor flow is stagnant. So they will soon have tumors. ' Shuan Kagawa also said, 'Most diabetics would die of cancer. 'In the Western medicine they reported that diabetics easily have some kinds of cancer and most of its prognosis is unsuccessful. They think that they are caused by the decrease of immune reaction and the difficulty to control the blood sugar level.

关于糖尿病的早期治疗和小林式温灸治疗的相互关系

日本大坂东洋医学研究所长　小林严

①使用在逢（一种草名）中生长，日本特有的艾

②选择糖尿病的主要经穴（5——10穴），针的种类，用5号针（stainless 制品）进针7.5mm 在7.5mm 的针柄处，点着1立方厘米的艾，反复进针3至5次。

③针灸治疗的时间 上午9：00至12：00（饭前）。

④针灸后15分钟左右，血流量增加通过白细胞的吞噬功能的杀灭细菌，尤其对炎症性疾病有特效。

⑤针灸的疗程3天1次，10次后（大约3周）进行各项检查。

⑥养生法：戒烟酒，不吃甜食少食肉类等，摄取少量营养素，一天咀嚼三十次。充分认识自己的体重、性格、注意人际关系、环境卫生等。

⑦小林式温灸治疗的特长

a 利用艾的气味产生镇静作用。

b 不仅能使糖尿病康复，还能美化肌肤、减肥，适用于各种疾病。

Kobayashi's Way of Cauterizational Therapy for Diabetes at an Early Stage

Iwao Kobayashi, President
The Institute of Oriental Therapy Osaka, Japan

My clinical experience of cauterization and caupuncture showing remarkable effects for more than 20 years.

Acupuncture shall be applied at 5 to 10 main points related to diabetes at a depth of 7. 5 millimeters by No. 5 stainless needles. Afterwards put on needles at a height of 7. 5 millimeters from skin shall be repeatedly ignited 3 to 5 times.

9: 00 — 12: 00 a. m. is applicable. Patients should not have any meal before treatment.

Treatment: To be practiced once per 3 days.

Examination: Every 10 times of treatment or every 3 weeks.

Sterilization by virtue of leukocyte in increased volumme of blood flow would be caused about [illegible] minutes after treatment. Especially inflamed conditions could be recovered promptly.

a) Patients should not ingest alchol, cigarettes, meat and sweet food.

b) Patients should have a small amount of nourishing food biting 30 times every swallow.

c) Patients should direct their attention to their own physique, characters, environmental hygiene and human relationships.

d) Patients could be put under sedation by a smell of moxa.

e) Most patients have been holding firm to the doctor's advice.

f) It is applicable not only for diabetes but for beauty of skin, dissolution of growing fat and any other health problem.

糖尿病的中医病机学探讨

日本松泽医院·崎玉中医学研究会　松泽正俊　戴昭宇　金子俊　和田尧
中目黑中医针灸　植地博子
中国中医药大学　Nigel WISEMAN
日本御茶之水女子大学　会川义宽

目的与方法　病机分析是中医学辨证论治的核心。综观糖尿病发生、发展及转化的全过程，阴虚燥热的消渴病机学说仅反映一部分患者某一阶段的病理特徵，而肾虚、肝郁、湿热、瘀血等病机诸说间也缺少一线贯穿。单执一说，难免以偏概全。从审查病因、体质，分析临床特徵及辨别病性、病位、多方入手，深入探讨本病病机，可望为中医学糖尿病的辨治带来突破。

大量研究表明，胰腺机能是中医学脾胃机能的一部分。高血糖状态的 IGT 以及胰岛素的分泌和利用障碍与糖尿病的关系，肥胖体质与发病的关系，均提示与脾胃升清降浊、运化枢转的失调具有相关的可能。在此方面《内经》中早已强调了过食肥甘伤脾胃的病因病机，现代医学对此更有佐证。饮食控制与运动疗法的有效性，即提示了对本病调理脾胃的重要意义。三消症状以及多种并发症的出现也可用脾胃枢转失调机理深入解释。

结论　防治本病当重审因，脾胃枢转失常贯穿于糖尿病的始终，实乃该病病机的核心。湿热、瘀血、燥热、肝郁、肾虚等机理，通过与脾胃的相关而可相互串通。从调理脾胃入手及早治疗可避免临渴掘井。

TCM Study on Diabetes
——Reconsideration on TCM Mechanism of Diabetes

Masatoshi MATSUZAWA[1] *Dai Zhaoyu*[1] *Shun KANEKO*[1]
Hiroko UECHI[1] *Xiao WADA*[2] *Nige WISEMAN*[3] *Yoshihiro AIKAWA*[4]

〔Aim and Method〕The analysis of disease mechanism is the core of the TCM differentiation. It is widely accepted that yin－deficiency and dry－heat is the essentials of zhenghou (syndrome) for "Xiaoke". According to our investigation, however, it only reflects the feature in some stages of diabetes. There seems several kinds of theories using other mechanisms, e. g. kidney－deficiency, liver－stagnancy, damp－heat, blood－stasis etc., all of those are lacking for consistency throughout the whole stage of the diabetes. We discuss here the essentials of the mechanism of diabetes mellitus based on observation and consideration on the pathogenesis, constitution, and the nature of the disease etc.

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② Nakameguro TCM Acupuncture
③ China Medical College
④ Ochanomizu University

〔Results and Discussion〕 As the pancreatic function is included in that of spleen and stomach in TCM, all of the symptoms relating to diabetes, e. g. IGT (Impaired Glucose Tolerance), the disturbance of secretion and usage of insulin, obesity etc. show the relation with failure of the spleen and stomach functions in ascending and descending and dysfunction of the spleen in transport and absorption. In addition to this, the efficacy of dietotherapy and kinesitherapy shows the importance of the adjustment of spleen and stomach. The diabetes should be reexaminated from the view point of failure of the spleen and stomach functions.

〔Result〕 The failure of the spleen and stomach functions is the main mechanism of diabetes throughout whole stage of the disease including the very early stage. The early treatment of the adjustment of spleen and stomach is crucially important.

糖尿病脑梗塞的临床观察

韩国东国大学校　韩医科大学内科学教师　郑智天

自 1992 年至 1993 年的两年期间，临床上观察了以脑 CT 扫描确诊为脑出血与脑梗塞的糖尿病并发脑卒中患者 67 例，与一般脑卒中患者作了比较，糖尿病性脑卒中患者 67 例中，以 60～69 岁者占 40.2%为最多，脑梗塞者 56 例占 83.6%，脑出血者 11 例占 16.4%，脑梗塞比脑出血多，血糖值与年龄无密切关系，糖尿病病程 4 年以下者 30 例占 44.8%，有高血压与心脏病病史者为最多，脑卒中的发病部位、发病诱因、临床症状与一般脑卒中无甚大差异，仅在发病当时，患意识障碍者较多，脑卒中有家族史的为 31 例，占 46.3%，复发率为 19 例，占 28.4%，在住院治疗期间并发合并症者为 10 例，占 14.9%，比一般脑卒中比率高，开始物理治疗的平均日期，脑梗塞为 8.3 日，平均住院日期，脑梗塞为 29.2 日，脑出血为 38.5 日，比一般脑卒中患者住院日期长。

药物治疗，初期以祛风顺气，清热泻火，疏风通窍为主，后期以滋肾养阴、益气生津，益精补血为主。好转率，脑梗塞占 82.1%，脑出血占 72.7%，比一般脑卒中较低。综上所述，临床研究表明，糖尿病并发脑卒中患者是较难治疗的。

Clinical Observation on C. V. A. with Diabetes Mellitus (DM)

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Clinical observations were done on 87 cases with DM in C. V. A. patients who has been confirmed by brain CT scan and being treated for over 1 week, admitted to the Dept. of Internal Medicine in Oriental Medical Hospital of Dongguk University from January, 1992 to December 1993.

The result were as follows:

1. In this study, 86 patients (15. 3%) with DM were found in 561 C. V. A. patients, cerebral infarction was 83. 6%, cerebral hemorrhage was 16. 4%; the 6th decade of age

was 40. 2%, the ratio of male to female was 0. 72: 1.

2. The association between blood glucose and years were not significant. the largest distribution of fasting blood glucose was 140～199mg/dl in admission, below 139mg/dl in discharge; that of pp2hrs blood glucose was 200～299mg/dl in admission and discharge both cerebral infarction and cerebral hemorrhage. The total sensitivity of urine glucose was 71. 8%, and sensitivity of urine glucose in cerebral hemorrhage (81. 8%) was more higher than cerebral infarction's (69. 6%).

3. Below 4 years has the highest frequency (44. 8%) in duration of DM, oral hypoglycemic agents (41. 8%) and insulin injection (23. 4%) were used for treatment and non therapeutic was 17. 9%.

4. The frequency of past history was as follows: hypertension (44. 8%), heart disease (10. 4%), and they were in below 199mg/dl (83. 3%) of fasting blood glucose.

5. Predisposing factors, symptoms, local stroke of CVA. in admision were similar to common CVA But the conscious disturbance of attack was higher than common CVA (41. 1% in cerebral infarction, 63. 7% in cerebral hemorrhage).

6. Family history of CVA was 46. 3%, recurrence of CVA was 28. 4%. The complications were occured in 10 cases (14. 9%) after admitted, more frequently occured than common CVA.

7. The average begining time of physical therapy was, generally lated: 8. 3 days in cerebral infarction; 11. 2 days in cerebral hemorrhage. Average admitted period was longer than common CVA; 29. 2 days in cerebral infarction; 38. 5 days in cerebral hemorrhage. Also, the degree of recovery was more lower than common CVA; 82. 1% in cerebral infarction, 72. 7% in cerebral hemorrhage.

8. The herb medications were used in due course as follows: Huoxiang Zhengqi San, Shufeng Tang, Qianghuo Yufeng Tang, Liangge San etc, were used as admitted, and Liuwei Dihuang Wan, Jiawei Dabu Tang, Sanjin Tang, Dihuang Yinzi etc, were used as discharged.

止消通脉饮治疗糖尿病血管并发症的临床与实验研究

北京中医药大学东直门医院

吕仁和　高彦彬　冯兴中　胡继玲　赵进喜　林等得玉（台湾）

止消通脉饮：组成：黄精　生地　陈皮　枳实　丹参　大黄　土鳖虫等。功能：益气养阴、行气化痰、活血通络。主治：糖尿病三期，气阴两伤，痰郁瘀阻，络脉不活的血管并发症。

1992 年到 1994 年本院用止消通脉饮治疗了 NIDDM150 例，临床资料表明本药能明显改善临床症状，在降低血糖、糖化血红蛋白、血胆固醇、甘油三酯、全血和血浆比粘度，提高高密度脂蛋白，抑制血小板聚集方面治疗前后的均值都呈现显著性差异 ($P<0.05$)，总有效率为 76.23%。其中并发冠心病者 52 例，治疗后好转 38 例，占 73%，其中 ST－T 改变者 48 例，有 38 例改善，23 例转正常。并发视网膜病变者 88 例，治疗后有 58 例眼底出血、渗出吸收好转。并发肾病者 103 例，疗后 24 小时尿

白蛋白定量、24小时尿蛋白排泄量不同程度减少，血 β_2-M 较疗前降低，Ccr 较疗前提高。

实验研究表明：本药①能显著降低链脲佐菌素糖尿病小鼠的血糖，其降糖作用与优降糖接近。②能显著降低甘油三酯、胆固醇，其降脂作用与诺衡接近。③能抑制 ADP 诱导的血小板聚集。④电镜下观察本药可减轻糖尿病肾小球毛细血管基底膜增厚，提示对糖尿病肾病有防治作用。

Clinical and Laboratory Research of Fairy Decoction for Quenching Xiaoke and Promoting Vessles (ZhiXiaoTong MaiYin) on its Treating Diabetic Microangiopathy

Lü Renhe, Gao Yanbin, Feng Xingzhong, Hu Jiling, Zhao Jinxi
Dongzhimen Hspital Affiliated to Beijing University of TCM

Composition of Fairy Decoction for quenching Xiaoke and promoting vessels (Zhi Xiao Tong Mai Yin) : Siberian solomonseal rhizome, dried rehmannia root, tangerine peel, immature bitter orange, red sage root, rhubarb and ground beetle, et al. The prescription's effect is invigorating qi and nourishing yin, promoting the criculation of qi to eliminate phlegm, improving blood circulation to promote channels. The indications of the prescription is diabetic microangiopathy (the third stage of DM) which the pathogenesis is deficiency of qi and yin, stasis of phlegm, blood and qi, stagnation in the channels and vessles.

During 1992—1994, we have treated 150 cases of diabetic microangiopathy with Zhi Xiao Tong Mai Yin. The clinical data shows: this medica can markedly improve the clini cal manifestations. There is significant difference between pre—treatment and post—treatment value ($P<0.05$) in the aspects of lowering blood sugar, glycated hemoglobin, cholesterol, triglyceral, whole blood and plasma specific viscosity, elevating high density lipoprotein, and inhibiting platelet aggregation. The total effective rate is 76. 23%. Among them, 52 cases were complicated with coronary heart disease, 38 cases (73%) improved after treatment. 88 cases were complicated with retinopathy, 58 cases had their hemorrhage and exudate absorbed and improved after treatment, 103 cases complicated with nephropathy, and had their 24 hour urinary protein content, 24 hour urinary albumin excretion rate and blood $\beta 2$ microglobulin diminished, the Ccr increased.

The laboratory research shows: 1. The fiary decoction can significantly lower the blood sugar of streptozocin induced mice DM, it's effect is close to glyburide ; 2. It can lower blood lipid, the effect is close to capsulae gemfibrozie: 3. It can inhibit the ADP induced platelet aggregation ; 4. It can reduce the thickening of diabetic glomerular basement membrane, suggests the prevention and treatment effect of DM.

中医药治疗糖尿病肾病的临床研究

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高彦彬　吕仁和　章红英　林得玉（台湾）

参照 Mogensen 对 IDDM 肾病的分期方案，将 NIDDM 肾病临床分为三期。早期：尿白蛋白排泄量 30～300mg/24h。临床期：24h 尿蛋白定量>0.5g，Scr≤442umol/L。晚期：持续性蛋白尿，Scr>442umol/L。从 1988～1993 年采用中药为主治疗 NIDDM 肾病 150 例，并与西药治疗 30 例对照观察。治疗方法：对照组采用优质低蛋白饮食，降糖药或胰岛素控制血糖，Capeoprijl 控制血压。中药治疗组是在对照组西药治疗基础上加中药辨证施治：肝肾气阴两虚治宜滋补肝肾活血，生脉散合六味地黄汤加减；脾肾气阳两虚治宜健脾补肾活血，五苓散合济生肾气丸加减；气血阴阳俱虚治宜益气养血和胃降浊，当归补血汤合黄连温胆汤加减。疗程 2 个月。治疗结果：早期、临床期肾病经中药治疗后尿蛋白及尿白蛋白减少（P<0.05），Scr、血 β_2－M 下降（P<0.05），Ccr 提高（P<0.05），总有效率为 72%，西药对照组总有效率 56.78%，五年随访结果表明，中医药对减少蛋白尿，保护肾功能，延缓肾衰进程具有重要作用。

Clinical Observation on Diabetic Nephropathy Treated by Chinese Medicine

Gao YanBin
Dong Zhi Men Hospital, Beijing University of TCM

According to the method of Mogensen, NIDDM nephropathy was divided into three stages. The excretory volume of urinary albumin was 30—300mg/per day in early stage. Urinary albumin per day exceeded 0. 5g in clinical stage with Scr less than or equaled to 442 μmol/L. Continuous proteinuria appears in late stage with Ccr more than 442 μmol/L. 150 cases of NIDDM nephropathy treated mainly by herbs, compared with the 30 cases in control group treated by Western medicine from 1988—1993.

Therapeutic method, taked the diet of low content fine quality protein and hypoglycemic agents or insulin to reduce the blood sugar, captopril treated the hypertension in control group. Combined the herbs according to syndrome differentiation with western medicine of control group in Chinese medicine treatment group. Deficiency of both qi and yin in liver and kidney, the treatment shoud be aimed at nourishing the liver and kidney and promoting blood circulation, using modified pulse -activating powder combined with bolus of Six drugs including rehmannia; deficiency of both qi and yin in spleen and kidney, the treatment should be aimed at strengthening the spleen and supplementing the kidney and promoting blood circulation, using modified powder of five drugs with poria and life preserving pill for replenishing the kidney qi; deficiency of qi—blood—yin—yang, the treatment should be aimed at supplementing qi, nourishing blood, regulating the function of stomach and lowering the turbid—qi, using modified Chinese angelica de-

coction for replenishing the blood and coptis decoction for clearing away gallbladder—heat, the course of treatment was two months. The result, urinary and proteinuria after treated by herbs became lower in early and clinical stage ($P<0.05$), Scr and β2—M of blood went down ($P<0.05$), Ccr became higher ($P<0.05$). The total effective rate was 72%, while the total effective rate of westen medicine control group was 56.78%.

中西医结合治疗Ⅱ型糖尿病180例临床分析

湖北中医学院附属医院内分泌科　王巧云

本文180例糖尿病患者，均属Ⅱ型糖尿病。单用西药治疗（以下简称西药组）38例，总有效率55.2%，单用中药组治疗22例，总有效率45.3%，中西结合治疗组（中西结合组）122例，总有效率85%。三组治疗前后血糖对比，血糖下降平均幅度西药组为2.81mmol/L，中药组为2.67mmol/L，中西医结合组为3.98mmol/L。前二组经统计学处理无显著性差异（P>0.05），前两组与后者有显著性差异性（P<0.01）。三组合并漫性并发症的缓解率：冠心病西药组为6.2%，中药组为7.8%，中西结合组为29.7%；视力锐减西药组与中药组均为7.8%，中西结合组为18.4%；糖尿病肾病西药组为4.25%，中药组8.55，中西结合组为30.5%。上述结果表明，以益气养阴补脾肾来调整机体的偏盛偏衰，结合西药降糖迅速，能充分发挥各自的优势，扬长避短，取得较理想的效果，证实中医中药治疗糖尿病确实有效，而中西医结合治疗糖尿病较单用中药或西药为佳，是值得探索的途径。

Observation on 180 Patients of NIDDM with Combined TCM—WM Therapy

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Hu Bei College TCM, Wu Han

180 NIDDM patients were divided randomly into three groups, the WM group (38 cases). TCM group (22 cases) and TCM—WM group (120 cases). the results showed that the total effective rate of TCM—WM group was 85%, significantly higher than that of WM group (55.2%) and TCM group (45.3%). The declined values of serum glucose of TCM—WM group showed higher than the other two groups ($P<0.01$), 71.13mmol/l, 50.14mmol/l and 47.72mmol/l respectively. Meanwhile, relieved rate of coronary heart disease were 29.7%, 6.4%, and 7.8% respectively, of eyesight decline were 18.4%, 4.25% and 8.5% respectively, of nephropathy were 30.5%, 4.25%, 8.5% respectively. These results suggested that Chinese herbal medicine was effective for treatment of NIDDM by application of drugs for benefiting vital energy, promoting the production of body fluid, invigorating the spleen and kidney to regulate the incoordination between yin and yang. At the sametime, the therapeutic effect of combined TCM—WM was superior to WM or TCM along by means of bringing respective advantage.

辨证治疗Ⅱ型糖尿病130例临床观察

漳州市中医院
戴舜珍　王亚敏　曾宏翔　黄　章

本文以中医辨证分型治疗130例NIDDM，其中阴虚热盛型25例、气阴两虚型50例、阴阳两虚型12例，脾虚湿困型21例，气虚血瘀型22例。130例中临床缓解55例，占42.3%，显效57例，占43.85%，无效18例，占13.85%，总有效率达86.15%，作者认为，明确病因，分清虚实，是辨治本病的关键，针对Ⅱ型糖尿病患者的发病机理，本是脏真早衰，脾肾不足，气阴两虚；标是湿热、痰浊、瘀血，燥热为患，治疗扶正与祛邪并举，调整人体阴阳、脏腑、气血功能，纠正不正常代谢，才能达到降糖的良好效果。病之初期侧重养肺阴，降心火，泻胃火；中后期侧重健脾补肾；后期侧重补肾固涩敛精。补虚泻实、调整脏腑功能，使阴阳平衡，气血调达。注意生活规律，劳逸结合，控制饮食，节制房室，坚持气功、太极拳锻炼。

Clinical Observation in 130 cases' Treatment of NIDDM

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This article introduced how to treat 130 patients of diabetes melitus in the different way which was based on TCM.

There are five types of diabetes mellitus presented in this article.

1. Hyperactivity of fire due to Yin—deficiency (25cases).
2. Deficiency of Qi and Yin (50 cases).
3. Deficiency of bothYin and Yang (12 cases).
4. The weakness and dampness of the spleen—Qi (21 cases).
5. Blood—stasis due to deficiency of Qi (22 cases).

Among 130 cases, the clinical cure rate was 42. 3% (55 cases), the effective rate of 13. 85%. The total effective rate was 86. 15%.

The author found that the crux of the treatment which based on the different diagnosis was to define the cause of disease and distinguish asthenia or sthenia of disease. According to the etiology and pathogenesis of NIDDM the primary of this disease due to the exhaustion of the solid organ or the deficiency of the spleen—qi and the kidney—qi, even both Qi and Yin were deficient. And damp—heat, phlegm—dampness, blood—stasis, hyperpyrexia could also cause the disease. The principle stated below should be followed: In the early stage of the disease, enriching Lung—Yin was important, lowering the heart—fire and reducing the stomach—fire; during the midcourse of the disease, the major treatment was to invigorate the spleen and tonificate the kidney; in the later stage, pay particularly attention to tonificate the kidney and restrain spirit. When using tonics to reinforce the kidney, don't forget to reinforce Yang while replenishing Yin. When warm-

ming the kidney, never forget to enrich Yin while tonifying Yang. To tonificate asthenia and reduce sthenia so as to balance Yin and Yang, regulate the functions of Qi and blood. Have a good principle of life; strike a proper balance between work and rest; control food taking and sexual intercourse; keep on practising Qi Gong or TaiJiQuan (Chinese Boxing) will be beneficial to the patients' recovery from diabetes mellitus.

消渴流浸膏治疗糖尿病 305 例临床观察

山东中医学院附属医院　尹义辉　程益春

笔者根据中医治疗糖尿病，从整体调节入手，倡行从脾论治，结合其他脏腑情况及其病理变化，酌情加清热、补肾、活血药物，制成消渴流浸膏：生黄芪、党参、白术、黄连、佩兰叶、山萸肉、枸杞、山药、麦冬、五味子、花粉、丹参、桃仁、肉桂、熟大黄、蜂蜜等制成流浸膏应用于临床，每日三次，每次 30 毫升，疗程为二个月，如应用西药二个月，病情未达到满意控制，可加用消渴流膏。疗效标准参照 1979 年全国糖尿病会议标准。本组 305 例，显效 130 例，有效 150 例，无效 25 例，总有效率为 91.8%。结合健脾法的应用，同时结合其他脏腑的病理变化酌加清热、补肾、活血药物，就是体现治病求本的指导思想。因为益气健脾，恢复其转输水谷，运化精微的正常功能，可使津液精微上升布达而营养全身，令口渴止，肌肉生，气力增加；气属阳，阳生则阴长，益气健脾有利于气血运行通畅，后天旺可养先天，故益气健脾也有利于固本培元，显然，益气健脾治疗糖尿病，可以从多个层次，多个环节上促其向愈。

Treatment of Diabetes with DFE—Clinical Observation of 305 cases

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Authors reported the treatment of diabetes with the theory of TCM, paying attention to regulation of spleen, and in combination of herbs clearing away heat, tonifying kidney, activiting blood circulation according to the condition of disease. The composition is radix astragali seu hedysari, radix codonopis pilosulate, rhizoma atraetylodis macrocephalae, rhizoma coptidis, herba eupotorii, fructus corni, fructus lycii, rhizomadios coreae, radix ophiopogonis, fructus schisandrae, radix trichosanthis, radix salviae miltiorrhizae, semenpersicae, cortex cinnamomi, radixet rhizoma rhei, honeyatc. All above herbs were mixed to form diabetes fluid extract (DFE). Three times a day, 30ml a time, 2 months for one course. It also can be used to patients who have no satisfactory effect after treatment of western medicine for 2 months. The criteria of diabetes was proposed by National meeting of diabetes in 1979. Among 305 cases markedly effective is 130, effective is 150, ineffective is 25, total effective rate is 91. 8%. This method of tonifying spleen in combination with clearing away heat, tonifying kidney, removing blood reflect theory of treating root reasons of disease. Tonifying qi and invigorating spleen can re-

store the spleen's functions of transportation and transformation. After treatment, the body fluid and nutritious substance can distribute to all over the body. So thirst stop, muscles is nourished, tired symptoms is imporved. Qi refers to yang. The production of yin depends on nourishing congested heaven (kidney). So authors think the treatment of diabetes with tonifying qi and invigorating spleen is one kind of methods from many different ways.

愈三消胶囊治疗糖尿病临床研究

中国中医研究院西苑医院　郭玉英　魏子孝

愈三消胶囊，具有养阴生津、益气活血的功用，用于治疗气阴两虚兼有血瘀型糖尿病。

观察方法：

观察组 300 例，对照组 100 例，均同时配合空腹血糖，餐后 2 小时血糖，24 小时尿糖定量，糖化血红蛋白等检查。

观察组：服用愈三消胶囊，每次 8 粒，每日 3 次，每餐前口服。

对照组：服用消渴丸，每次 9 粒，每日二次，每餐前口服。

两组疗程均为 3 个月。

疗效判定标准：

依卫生部新药（中药）消渴病（糖尿病）临床研究指导原则中规定标准。

结果：

观察组 300 例，总有效率 91.3%；对照组 100 例，总有效率 67%。

实验研究：

药效学实验证明具有降低血糖作用，毒理实验证明，未引起毒副反应。

The Clincial Research of Yu San Xiao Capsule Treating Diabetes Mellitus

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Xiyuan Hospital, Chinese TCM Institute

Yu San Xiao capsule is a kind of new Chinese drug used to treat DM caused by the deficiency of both qi and yin accompanied by blood stasis. It has the function of replenishing the vital essence and promoting production of body fluid with supplementing qi and activating blood circulation. 300 cases were selected as experimental group, 100 cases as control group. All were examined the fasting blood glucose, the postprandial blood sugar, glycated Hb, and the quantity of glucose in urine of 24h. We also had carried on serum insulin release test for some cases. Observed group: Yu San Xiao capsule eight grams one time, three times one day. Control group : Yu Quan pill nine grams one time, three times one day. The course of treatment was three months for both groups. The standard for curative effect, we used the standard comimg from the clinical guiding prin-

ciple about new drug (Chinese drug) treating diabetes (DM) laid down by the MPH. Research result showed the total effective rate of treatment group is 91. 3%, while the control group is 67%. Pharmacodynamic experiment proved that the drug has the effect of decreasing the level of blood suger. Toxicological experiment showed that there is no side and toxic effect.

中医对脾与胰关系的探讨

中国中医研究院诊所　范爱群　于　容　范钦平

脾与胰是两种器官，两者在功能上有区别，胰脏功能与作用大大超过脾的功能。中医学中将胰附属于脾，而没有直接提出胰脏之功能。作者在复习历代文献的基础上，提出了将脾胰设为一脏，认识上明确一部分为胰脏功能，一部分为脾脏的功能。暂时称为脾胰，这样既可包涵了以往脾为后天之本，生化之源的广泛而笼统的观点。并且明确提出了脾胰功能与消渴病发病的机制。这是中医发展和进步的一种表现，和现代医学可以吻合，也有利于学术的发展。

Discussion on the Relation Between Spleen and Pancreas in the View of TCM

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Chinese Academy of TCM, Out Patient Department

Yin and yang are the law of the heaven and earth, the principle of all the substances. In the view of TCM, the intertransformation between yin and yang, are used to manifest the exuberance and insufficiency of qi and blood, the wood, fire, earth, metal and water are used to expound the inter depending relations between the five viseras. The generation and restriction is the foundation of TCM theory. The exterior and interior relation between the viseras and bowels is used to manifest the physiological relation between viseras and bowels. But there is no theory on the function and disease of pancreas. The author thought it was an erronous zone of TCM. This article dealt with the anatomical location, physiological function and lesions of pancreas, and further dwelt upon that the spleen and pancreas are different organs with different functions and the function of pancreas is much more important than spleen.

Based on a broad review of literatures. The author suggested the pancreas and spleen should be put together and set up as a new visera named spleen—pancreas. One part of the function is spleen, another part is pancreas. This new idea has developed the theory of spleen being the material basis for the acquired constitution and the source of producing the qi and blood, and definitely give out the mechanism of pancreas in the pathogenesis of DM, without changing the theory of five elements and five viseras. This theory is a landmark of the progress of TCM, and coincide with modern medicine.

降糖Ⅰ号治疗Ⅱ型糖尿病30例临床观察

昆明医学院一附院　冯文忠　王传宝　尹维珍　张　菁　杨新元

本文报告用单味草药（降糖Ⅰ号）治疗NIDDM30例，观察3、6、9、12个月其降糖效果分别为26.76%、24.14%、38.86%、46.58%，3个月后最低FBS3.88mmol/L，较服药前降低3.33mmol/L，其余均有不同程度的降低。血糖降低最多分别是6.23、7.67、8.67、7.67mmol/L，无效比治疗前增高分别是11.06、1.53、1.28、3.88mmol/L，总显效率为39.9%，有效率为57.58%，该药降血糖有效，且降血脂（Tch、TG）亦有效，并使肥胖者体重下降。

Clinical Efficacy of Fall of Sugar 1 in 30 Patients with NIDDM

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Hospital of Kunming Medical College

This article oberved the therapeutic effect of fall of sugar 1 on 30 cases of NIDDM. It was 26. 7%, 24. 14%, 38. 86%, 46. 58% in the efficiency, while observed after 3, 6, 9, 12 months. The lowest FBS was 3. 88mmol/L after three months, before than fell FBS 3. 3mmol/L by drugs. The uneffect was increased, then before treatment on the rest that was 11. 06, 1. 53, 1. 28, 3. 88mmol/L. The total efficiency was 39. 39%, however 57. 58% of the efficiency. The drugs drop down sugar as well blood fat (CH TG) as also weight of corpulence.

复方丹参注射液治疗糖尿病性周围神经炎40例临床观察

天津中医学院一附院　颜　红

糖尿病是一种常见的内分泌代谢疾病，而糖尿病性周围神经病变则是其诸多并发症之一，而且发病率高，患者因疼痛而苦不堪言。近年来，我们采用复方丹参液治疗40例，取得了良好的疗效。本组病例均为本科1990年—1994年住院病人，在使用复方丹参液治疗后，临床症状均得到不同程度的改善，其中显效11例，有效22例，无效7例，总有效率83%，平均疗程为28.58±13天。讨论分三个方面：1. 山梨醇学说与周围神经炎。2. 复方丹参液在治疗周围神经炎中的应用。3. 活血化瘀药物的临床应用。

Clinical Observation on 40 Cases of Diabetic Neuropathy Treated by Compound Danshen Injection

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We used the " Compound injection of Dan shen" to treat 40 cases of Diabetic neuropathy. The results are as follows : eleven cases had marked improvement, twenty two cases had improvement and seven cases had no effect, the total effective rate was 83%, the average cause of treatment was 28. 58 days. Compound Danshen injection is the prescription for activating blood circulation of TCM. It can restain aldose reductase, improve blood circulation, blood stream changing and diseases of blood capillary, so it has effect to cure the disease.

48 例糖尿病合并脑血栓疗效观察

沈阳市第一人民医院　肇继红

糖尿病与脑血栓均为老年病，由于病因病机的相关，两者互为因果，故常同时存在。因虚致瘀是主要病机，从统计资料看多发于年高体迈者。本组 48 例中，50 岁以上的 44 例，占 91.6%，多因年老体衰、肝肾不足，气血衰少，血行不畅致使气滞血瘀，痰浊瘀阻，脉络不通而发病。本人认为应以益气养阴、活血化瘀之大法治疗本病符合其病理机制，疗效较为理想。主要以补阳还五汤为主方随证加减，通络止痛、赤芍活血化瘀、生地养阴润肺，止烦渴，红花活血祛痰，当归补益气血，地龙活血通络，牛膝、杜仲补益肝肾，方中诸药现代药理研究均有扩展血管，改善心脑循环和降低血糖作用，合用共达益气养阴、活血化瘀，通脉疏络，排瘀荡滞之功。48 例中显效 24 例占 54%，有效 16 例占 34%，无效 8 例占 12%，总有效率为 88%。

Treatment of 48 Cases of Diabetic Cerebrovascular Disease

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Diabetic cerebrovascular disease is caused by aged and debilitated, deficiency of liver and kidney yin, insufficiency of vital energy and blood, sluggishness of blood circulation, all these lead to stagnation of vital energy and blood, retention of phlegm, stasis in chan-

nels and vessels.

The main pathogenesis are deficiency of both qi and yin, stasis of channels and vessels. The basic therapeutic principle is replenishing vital energy and nourishing yin, activating blood circulation and removing stasis.

Bu Yang Huan Wu Tang and its modification are used to treat 48 cases of diabetic cerebrovascular disease, 24 cases (54%) showed excellent results, 16 cases (34%) showed effective results, 8 cases (12%) had no change. Ginseng and Milkvetch Root in the recipe strengthen Qi and ventilate Yang; the chuanxiong rhizome activates blood circulation and expel wind and remove obstruction in the channels to relieve pain, Red peony and safflower activate blood circulation and remove stasis, Dried rehmannia root nourishes Yin and moistens the lung to quench excessive thirst. Chinese angelica root tonifies Qi and blood, Earth worm activates blood circulation and remove obstruction in the channels. Achyranthes root and the bark of eucommia strengthen the liver and kidney. Modern researches have proved that the drugs in the recipe have effects of extending blood vessel, improving the circulation between heart and brain and lowering blood sugar level. This recipe has the functions of replenishing vital energy and nourishing Yin, activing blood circulation and removing stasis, removing obstruction in the channels.

蝮蛇抗栓酶（SVATE－3）治疗糖尿病血管神经并发症60例临床观察

沈阳第四医院　高　谦　张瑞霞

应用蝮蛇抗栓酶3号（SVATE－3）治疗糖尿病血管神经并发症60例，取得了较好疗效。用药3～6周，合并脑血管病变者100%肢体功能障碍得到恢复和改善，合并周围神经病变者90.5%肢体疼痛和感觉异常有明显缓解，合并心脏病变者心绞痛好转率91.7%。治疗前后对比：血脂、纤维蛋白原，全血比粘度、血浆比粘度、红细胞电泳等均有显著或非常显著的差异（P<0.05或0.01）。心功能障碍者治疗后左室射血前期时间/射血时间、心搏血量、心指数，外周阻力均有显著改善（P<0.05），对高血压者还有一定的降压效果。本文资料证实：蝮蛇抗栓酶有抗凝、溶栓、降脂、去纤、降低血粘度及扩张血管、改善微循环等作用。用药期间未发现明显副作用。

A Clinical Observation on 60 Patients with Diabetes Mellitus Vascular Nervous Complication by Using Palls Pill Viper Anti－thrombotic Enzyme (SVATE－3)

GaoQian, Zhang Ruixia
Shen Yang No. 4 Hospital

The paper here presents optimistic results we obtained from 60 patients with diabetes mellitus vascular nervous complication by using SVATE－3 anti－thrombotic enzyme. After 3 6 week treatment, the function of extremities of all patients with combining cerebrovascular pathogenesis's were restored or improved comparison of blood－fat fibrinogen, whole blood contrast viscosity erythrocyte electrophoresis before and after

treatment was statistically significant (P<0. 01). Left ventricle ejective properiod time /ejection time cardic strike volume, Cardic index, peripheral resistance of patients, with heart failure before and after treatment were markedly improved (P<0. 05 or 0. 01). Simultaneously, we found that after treatment blood sugar level and urine sugar level were dropped clearly (P<0. 05). So this medication is considered effectively to hypotension, and no side effects were observed during treatment.

中药胰活散对糖尿病大鼠的实验研究

天津市第三中心医院
柴润芳　卢思森　张桂芬　侯婷婷　李晓华　杨　雷

临床已证实胰活散治疗气阴两虚兼血瘀型糖尿病人疗效显著，为探讨其机理，对糖尿病大鼠做了药效实验研究。对糖尿病大鼠动物模型用药后测定指标并进行组织形态学观察，实验结果分析如下：1. 本动物模型在光电镜观察与非胰岛素依赖型糖尿病相似。2. 动物分为：治疗、造模同时给药、治疗对照、模型、正常对照五组。3. 光、电镜结果证实：此药对胰腺有明显的恢复和保护作用。能使胰岛细胞分泌颗粒丰富。4. 实验证实：此药能降低糖尿病大鼠空腹血糖、果糖胺、胆固醇。5. 能提高大鼠体内微量元素 Zn、Cr 含量。6. 相应地调整病变累及的其他脏腑功能，对实质脏器无损害。本药是通过益气养阴、活血滋肾的协同作用，改善和调整内分泌失调，安和五脏，使机体阴阳渐趋平衡。通过实验观察从形态、生化、胰腺组织、超微结构等方面对该药的疗效进行了研究。

Experimental Study of Diabetic Rats Treated With Traditional Chinese Medicine——Yihuosan

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Tianjin Third Central Hospital

The Yihuosan is an effective recipe for diabetes. It was confirmed by clinical experience that the recipe has notable curative effect in treatment of patients with diabetes who suffered from deficiency of vital energy and body fluid (Yin) with extravasated blood. In order to approach its mechanism, we carry out this experiment with diabetic rats. SD rats were purchased from Tian Jin Experimental Animal Center; alloxan was from BeiJing chemicals shop, By the method in the《methods of pharmacology experiments》, we were instructed by Tian Jin medicine institute of State Medicine Administrative Office. We finished the diabetic rats model, observed the variations of histologic pathology in rats. (1) The model was successful detected by microscope and electron microscope. We found the model was similar to NIDDM. (2) The rats were divided into 3 group: treatment group curing with Yihuosan at the same time, control group. (3) Microscope confirmed that it can protect and recover the function of pancreas. There is no difference between treatment group and control group in quantity of islets and morphology of islet－cell. (4) Electronic microscope confirmed that: Yihuosan can increase the secretive granules of pancreas islets. (5) Yihuosan can reduce blood sugar, fructosamine, cholesterol in dia-

betic rats. (6) Yihuosan can increase the level of Cr. Zn in the rats. (7) It modified the function of other organs involved by the disease. Yihuosan have a lot of function profiting vital energy and supporting body fluid, invigorating the circulation of blood, reducing blood stasis, improving the function of internal system, and metablic disorder, maintaining the balance of "Yin" and "Yang" in body. The experiment supplies some important bases of Yihuosan effect in ecology, biochemistry and super microstructure of pancreatic tissue.

链脲佐菌素糖尿病鼠周围神经的超微结构病变

广州中医学院　郑高飞　唐彩平　熊曼琪

用电子显微镜观察糖尿病鼠模型（由链脲佐菌素制备）的坐骨神经组织，结果发现有超微结构异常。主要特征有髓鞘板层分离和变形，电子密度不均匀，轴索肿胀或萎缩，并有空泡，神经纤维和神经膜细胞内的线粒体肿胀，粗面内质网扩张。这些异常结构随着病程的加长而增加，表明了糖尿病会引起周围神经发生超微结构病变。

Streptozotonic Diabetic Rats Peripheral Nerve's Ultramicrostructure Changes

Zhen Gaofei, Tang Chaiping, Xiong Manqi.
Guangzhou College of Traditional Chinese Medicine

The structural changes of sciatic nerve of experimental diabetic rats induced by streptozotic in under electronmicroscopy were swollen mitochondria in axon, swollen unmyelinated fibers, the mitochondria in schwann cell of the myelinated fibers, There was slight distension of rough endoplasmic reticulum in schwann cells. Myelin sheath laminar dissociation could be seen. The changes of the myelin sheath were in various degree, myelinated fibers showed atrophic axon occasionally. The results revealed that the appearances of the various pathological changes were related to the severity and duration of the diabetes and showed that diabetes mellitus could induce peripheral nerve ultra－microstructural changes.

糖尿病患者的心理障碍分析及其治疗初探

佳木斯医学院附属医院　袁晓辉　史　华　孙晓群
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糖尿病是一种慢性代谢障碍性疾病。目前国内外尚无一种完全根治的方法，人们一旦患上这种疾病，就会使病人担负起沉重的心理压力，产生一系列的心理后果，导致病情加重而影响治疗进程。迄

今虽未完全阐明心理社会因素和情绪反应影响糖尿病的确切机制，但心理生理学研究证实，对糖尿病人进行应激性会谈后，患者的代谢指标的变动倾向酮症。我们在几年的临床实践中，通过与患者本人、家属及单位等方面交谈，对 54 例糖尿病心理障碍反应的病人，进行心理障碍分析，根据其临床表现，归纳出糖尿病患者心理障碍的三种类型，即放任自纵、固执多疑和唯命是从型。并从安慰解释、教育、疏导宣泄和协助指导患者转移精神注意力等四个方面浅谈了糖尿病患者心理障碍的治疗方法。同时指出，心理障碍因素对糖尿病的影响是糖尿病治疗工作中不可忽视的一个重要方面，认为对此项工作的进一步研究，必须运用科学的方法，对历代糖尿病心理障碍个案进行分析，找出规律加以总结。全面设计人格体质、情志行为量表，使之系统化、标准化和科学化。并切实应用于糖尿病心理障碍的临床治疗领域，为糖尿病患者的治疗开辟出一条新路。

Opinion of Analysis and Treatment of Diabetic Psychological Conflict

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Diabetes is a kind of chronic metabolic disease, and no radical treatment has been found yet all over the world. Once people get this disease, a long run of suffering begins and a series of psychological factors will affect the treatment of the disease and aggravate the illness. Although the mechanism of the effects of social and psychological factors and emotional reaction on diabetes has not been explained, patients do become easy to get ketosis after a talk full of stress. Through many years of clinical practice, we investigated 54 cases of diabetes with psychological conflict and divided them into three type of psychological conflict: indulge; dubiousness; obedience. we also discussed the treatment of psychological conflict in the four aspects of consolation, education, dredge and converting patient's concentration and indicated that psychological therapy is one of the important aspects of diabetes treatment. Further work is needed with scientific methods and investigation of similar cases to find mechanism of the treatment. We should design a quantitative table to reflect physical condition, emotion and conducts which is systematic, standardized and scientific and apply it to the clinical treatment of psychological conflict of diabetic to open a new area in the treatment of this kind of disease.

消渴病患者红细胞免疫和血液流变学研究

第四军医大学西京医院　章　梅　夏　天　行　利

测定了Ⅱ型糖尿病患者的血液流变和红细胞免疫、自由基，发现：①和正常人相比红细胞 C3bR 显著降低；②血液流变学表现为全血粘度和红细胞聚集指数升高，前者与红细胞 C3bR 呈负相关、后者与之呈正相关；③在自由基方面，表现为 LPO 升高，SOD 下降。以上几方面均与糖尿病微血管病变有关。

Changes of Hemorrheology and RBC Immune in Diabetic Patients

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Little is known of the changes of hemorrheology and RBC immune in diabetic patients. A clinical study of diabetic nephropathy in patients with NIDDM shows that (1). RBC, C3 brecertor was significantly decreased in NIDDM patients compared to normal controls. (2). The whole blood leukocyte phagocytosis in NIDDM was attenuated significantly. The blood viscosity has decreased with the RBC immune and the erythrocyte aggregation index has increased with the RBC immune. (3). Observation of the free radical find out that LPO is increased and SOD is decreased. They were all closely correlated with the microangiopathy in patients with NIDDM. The results suggests that hemorrheology and RBC immune have an important value for diabetic patients.

中药黄葛丸治疗糖尿病神经血管病变对多元醇通路的影响

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近十多年来，已有许多报道认为，糖尿病人多元醇通路的激活引起的山梨醇在细胞内的积聚等一系列改变，是糖尿病周围神经病变和血管并发症的重要机理之一。有关中药对多元醇通路的影响已有一些研究。而中医药治疗糖尿病及其并发症确有明显疗效。为研究二者的关系。本文观察了中药黄葛丸治疗糖尿病合并神经血管病变时对多元醇代谢旁路的影响。

Affection of Polyvalent Alcohol of " Huangge Pill" in Treating Diabetic Neuritis and Blood Vessel Disease

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40 diabetics with pathological changes of nerves and blood vessels are chosen. They are divided into two groups randomly, the group of Huangge pill and the control group of diamicron. After treatment for four weeks, the influence on polyvalent alcohol and the changes of clinical symptoms, signs are observed. Results: In the group of Huangge pill, the amount of sorbitol dehydroctenase is remarkably dropped, the speed of nerve transmission highly increased, microcirculation is remarkably improved, the clinical symptoms and signs take a turn for the better. The above-mentioned indexes are all better than the indexes in the control group. In the group of Huangge pill, the change of blood sugar level is not obviously related with the dropping range of sorbitol dehydroctenase. This indicates that Huangge pill makes the level of sorbitol dehydroctenase dropped by inhibiting ARIs. According to biochemical metabolism, it gives us the theoretical bases

that Huangge pill can prevent and treat the chronic complication of diabetes. It initiates the new way preventing the chronic complication of diabetes.

深圳市 3429 例文职人员的血脂、血糖、血尿酸状况调查报告

深圳市医院　王孟庸

1993 年 1～12 月间，作者使用美国泰尔康 RA—XT 型自动生化仪，测定了以下人员的血胆固醇、甘油三脂、血尿酸、空腹血糖数据。

一、文职人员 3429 例，年龄均在 40 岁以上。男：女＝2586：843 例。旨在观察具有生活紧张、饮食丰盛、缺少运动等共同点的这一人群的代谢状况。

二、正常对照组 460 例，随机测定了任意职业、任意年龄组的普通人的上述各项指标以资对照。测定本组人员各项指标的均值＋2SD 作为该指标的正常值上限。

观察结果

一、3429 例中，有上述一项以上指标不正常者共 1530 例（44.6%）。显著高于对照组的 122 例（26.5%），P＜0.01。

二、3429 例中，空腹血糖≥7.8mmol/L、符合糖尿病诊断者 93 例，占 2.71%。空腹血糖＞6.12＜7.8mmol/L 的有糖尿病倾向者 183 例，占 5.33%。显著高于对照组（分别为 0.86%、1.96% P＜0.05）。亦高于文献报告的发病率（1%左右）。

三、3249 例中，血脂升高者共 933 例，占 27.2%，其中单纯性甘油三脂升高者 783 例，占 22.8%，单纯胆固醇升高者 227 例，占 6.6%，两者均升高者 77 例，占 2.2%。

四、3429 例中，血尿酸＞416mmol/L 者 621 例，占 18.9%。621 例高尿酸者中，尿酸＜500mmol/L 者 485 例（78.1%），500～700mmol/L 者 115 例（18.5%），＞700～1100mmol/L 者 21 例（3.4%）。在尿酸高于 700mmol/L 的 21 例中，伴有高血胆固醇、高甘油三脂、高血糖者 17 例。对照组 460 例中，高尿酸者 64 例，占 13.9%，其中尿酸＜500mmol/L 者 62 例。

文员组 621 例高尿酸者中，男性 583 人（93.9%）。女性仅 38 例（6.1%）。对照组 64 例高尿酸者男性 60 例（93.7%），女性仅 4 例（6.3%）。表现极大的性别倾向。两组高尿酸患者中，均有半数人伴有甘油三脂升高，与文献报告一致。

通过上述病例调查，说明在现代城市的文职人员中脂肪、糖、核蛋白代谢紊乱的情况日趋严重。应引起高度重视。

A Survey of the Blood Lipid, Blood Sugar and Blood Uric Acid Condition of 3429 Brain Workers in Shenzheng City

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From Jaunary to December 1993, the author measured the blood cholesterol, triglyceride, uric acid and fasting blood sugar of the following population: (1). Group of brain workers: 3429 cases, all above 40 years old, the ratio of male versus female is 2586:843. the goal is to observe the metabolic condition of a population characteristic of stressing

life. abundant food and lack of physical exercise. (2). Group of normal control. 460 cases. randomly assigned in any profession and any age, above all parameters were measured, the mean ±2 SD of each parameter were taken as the upper limit of normal. The result showed that the disorder of fat. sugar and nucleoprotein metabolism in the population of brain workers in modern city has become much more serious, it should be highly emphasized.

玉液三参饮治疗糖尿病性冠心病劳累性心绞痛 50 例临床总结

汕头大学医学院二附院　胡曼华

本文介绍应用经验方玉液三参饮治疗糖尿病性冠心病劳累性心绞痛 50 例，除 2 例无效外，均获得不同程度的疗效，总有效率达 96%，病情稳定，总结如下：

药物组成：三七、黄芪、党参、丹参、沙参、麦冬、浙贝母、天花粉、枳壳、熟地、淮山药、杏仁、桃仁、玉米须

功效：化瘀祛痰，补气养阴生津

主治：糖尿病性冠心病劳累性心绞痛，左胸或心前区疼痛，或心前区有缩窄感，常于劳累时诱发，心悸气促，喉有痰阻，出汗，甚或四肢冰凉，舌质红，边有瘀斑，脉弦或数，或结或代。

加减法：①汗出脉微者，阳气欲脱之象，去沙参、花粉，加高丽参、炮附子、桂枝以回阳救急；②痰热壅盛者，加安宫牛黄丸以清热化痰；③胸闷痰阻者，加全瓜蒌、天竺黄以豁痰通络，利膈开胸；①胸痛者，倍田七，加蒲黄、五灵脂以祛瘀止痛；⑤口渴者加西洋参，加重麦冬以生津止渴；⑥口舌干焦者，加黄连、羚羊角以清心肝之火。

50 Cases of Effort Angina of Diabetic Ischaemic Heart Disease Treated With " Yuye Sanshen" Decoction

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College of Shantou University

" Yuye sanshen" decoction is a practised formula developed to treat effort angina of diabetic ischaemic heart disease by Hu Manhua. the prescription is composed of radix notoginsen 8g. radix astragali seu hedysari 15g. radix codonopsis pilosulae 15g. radix salviae miltiorrhizae 15g. radix adenophorae 15g. radix ophiopogonis 10g. bulbus fritilariae cirrhosae 10g. radix trichosanthis 10g. fructus aurantii 10g. radix rehmanniae praeparata 10g. rhizoma dioscoreae 10g. semen armeniacae amarum 10g. semen persicae 5g. and corn stigma 10g. It has the actions of removing blood stasis, eliminating phlegm, invigorating vital energy and nourishing yin. Mainly for cases of effort angina of diabetic ischaemic heart disease manifested as dull aching over the chest orangina of effort, palpitation dyspnea, phlegm in the throat, perspiration or coldlimbs, reddish tongue with ecchymosis, wiry pulse or slow pulse with irregular or regular interval, 50 cases were diagnosed as diabetic ischaemic heart disease. All met criteria for NIDDM and coronary heart disease by

physical examination and laboratory test or determination, and had angina of effort. Among 50 cases, 30 were male and 20 female, 18 were out—patients and 32 in -patients. There were 20 with angina, 10 with hypertension, 15 with cerebralarter osclerosis and 5 with other diseases. Up to 60% patients in rest had the classical plane ST depression by electrocardiogram, and 90% by exercise electrocardiogram. All the above ingredients were decocted twice with water in a 400ml solution, which was divided into four equal portions and taken 4 times a day. Sometimes some material medica was added or subtracted according to different syndromes and symptoms on the basis of the principle of differential diagnosis and treatment. All patients should stop smoking, lose weight and take regular non—strenuous exercise. Therapeutic effects were divided into markedly effective, effective and ineffective. The total effective rate was 96%, including 60% markedly effective cases.

活血化瘀法治疗糖尿病心血管病变的临床应用

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文章按中医基本理论认为，糖尿病并发心血管病变的发病机理，主要是在阴虚内热的基础上，出现了血脉不活并有瘀滞。以滋阴清热并突出活血化瘀法，主方：首乌、生地、黄连、丹参、川芎等治疗取得较好疗效。作者认为活血可以防瘀，化瘀可以通痹。本方可起防治结合的作用。

Clinical Application of the Method of Removing Blood Stasis in Treating Diabetic Cardiovascular Diseases

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According to the basic theory of TCM, this essay indicates that the mechanism of diabetic cardiovascular complication is mainly based on deficiency of Yin and endogenous heat, thus causing blood stasis. The principle of the treatment is to nourish Yin and remove evil heat, especially to invigorate blood and resolve stagnation. The chief ingredients of this recipe are: Radix polygoni multiflori, Raw radix rehmanniae, Rhizoma coptidis, Radix saliae miltiorrhizae, Rhizome liqustici chuanxiong. Fine clinical effects have been received. The author believes that to invigorate the blood circulation may prevent blood stasis, to resolve the stasis can keep blood flow freely. This prescription has both the preventing and treating effects. Contemporary study shows that this remedy can reduce blood sugar, lessen the blood lipid level and blood stickness, improve blood circulation and reduce the microvascular pathological changes.

止消通脉饮治疗消渴病脑病早期的临床研究

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消渴病脑病早期相当于糖尿病脑动脉硬化症，常见头痛、头昏、头晕、耳鸣、目眩、失眠、健忘、注意力不集中，急躁易怒等。它是由消渴病日久，气阴两虚，痰瘀互结影响脑脉而致。止消通脉饮是吕仁和教授创制的防治糖尿病慢性并发症早期病变的方剂，具有益气养阴，清热生津，行气活血，化痰通络的功效。本文总结了以止消通脉饮治疗消渴病脑病早期35例，并与西药优降糖、美迪康，烟酸治疗28例对照。结果止消通脉饮在改善糖尿病脑动脉硬化临床症状；降低血糖；降低甘油三酯、胆固醇、低密度脂蛋白胆固醇，升高高密度脂蛋白胆固醇，升高 $apoA_I$、降低 $apoB_{100}$；抗血小板聚集粘附方面，治疗前后均值均呈显著性差异（$P<0.01$）。止消通脉饮组总有效率88.6%，优于对照组64.3%（$P<0.01$），各项指标的改善也优于对照组（$P<0.05$）。

The Treatment of Early Stage Diabetic Encephalopathy With Zhixiao Tongmai Drink

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The early stage of diabetic encephalopathy is equivatent to diabetic cerebral arterial sclerosis. Headache, dissiness, tinnitus, giddiness insomnia, amnesia, distractibility, irritability are commonly seen, it's due to a long course of DM, deficiency of both qi and yin, the cerebral vessel influenced by phlegm and stasis blended together. Zhixiao Tongmai Fairy decoction is a recipe created by professor LüRenHe in order to prevent and treat early stage diabetic complication, It can tonify qi and nourish yin, clear away heat and produce body fluid, activate qi and blood circulation, resolve phlegm and promote circulation. 35 cases were treated with this drug, with a control group of 28 cases treated with western medicine. The result of this drink showed a significant difference ($P<0.01$) befor and after treatment in aspects of improving clinical syndrome, lowering blood sugar, lowering blood lipid, LDL, and Apo－B100 elevating HDL and Apo－A1, anti－aggregation and anti－adhesion of platelet. The total effective rate of the drug group is 88.6%, much better than control group 64.3% ($P<0.01$) as well as the improvement of each paramenters ($P<0.05$).

止消通脉饮对实验性糖尿病肾小球硬化症大鼠肾功能的影响

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北京中医药大学病理教研室　魏　民　李伯光　贾　旭　严　京

参照双肾大部分切除所致肾小球硬化症模型，在SLZ所致糖尿病模型的基础上，首先创建糖尿病

合并肾小球硬化症模型，经生化检查及光镜，电镜，免疫荧光检查病理学证实，与人类DN类似，血液动力学方面的发病机制也类似。吕仁和教授研制的止消通脉饮由生地、黄精、山楂、丹参等组成，有益气养阴，活血通脉之功，实验证实，不仅可降低DN大鼠尿糖，尿蛋白，血糖，血脂，还可保护及改善肾功能，内生肌酐清除率提高。其作用机制，可能是纠正整体内分泌代谢紊乱，调节肾血流，减轻糖基化等多方面综合作用的结果。结果提示：该方可延缓糖尿病合并肾小球硬化症的病理进程。

Effect on Renal Function of Experiment Diabetic Glomerulosclerosis (DGS) by Zhixiaotongmaiyin

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The author consulted model of glomerulosclerosis, and initiated model of DGS based on diabetes model caused by STZ. Through examination of biochemistry, optical microscope. electronic microscope. It is confirmed that pathogenesis of that model and it's expression of hemodynamics was very similar to DN of mankind. The expersinal has found the Zhixiaotongmaiyin not only has function of reducing blood sugar, blood lipid, sugar and protein in urine, but also has function of protecting renal function and enhancing Ccr. It's mechanism might be that the Chinese medicine might improve endocrine and metabolic disorder, and change renal hemodynamics. It has demonstrated that the recipe can delay pathological process of DN.

魏执真教授治疗糖尿病性心脏病心律失常经验
——附38例临床观察

北京中医药大学附属东直门医院　王　越　范冠杰　林得玉

糖尿病性心脏病心律失常多为快速型，系由糖尿病冠状动脉及心肌微血管病变和植物神经功能紊乱所致，为糖尿病常见的心血管并发症之一。魏教授积30余年诊治大量心血管病人的临床经验，认为糖尿病性快速型心律失常的病机主要是心气阴不足，血脉瘀阻化热，瘀热扰心所致。治疗以益气养心，活血通脉，凉血清心为法，拟“调心汤”（太子参、麦冬、五味子、葛根、天花粉、香附、黄连、赤芍、丹参、川芎等）。临床治疗38例，按全国统一诊断和疗效评定标准，显效24例，有效12例，总有效率95.5%。显效率62.2%。与对照组38例（心律平）比较无显著性差异，但疗效持久而且安全，两组基本情况与糖尿病基础治疗相同。

The Experience of Prof. Wei Zhi Zhen On Treating Arrhythmia Due to Diabetic Heart Disease ——A Clinical Observation of 38 Cases

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Dongzhimen Hcspital Affiliated to Beijing University of TCM

The majority of Arrhythmia due to diabetic heart disease is tachyarrhythmia. It is caused by coronarism、Myocardial microangiopathy and vegetative nervous functional disturbance. It is one of the common complication of Diabetes Mellitus. Prof. Wei Zhi Zhen has treated a lot of patients of cardiac disease in 30 years. She summarized the pathgenesis of diabetic tachyarrhythmia is deficiency of the heart qi and yin, heat—transmission due to blood stasis, the stagnant heat damaging the heart. The therapeutic principle is replenishing the heart vital energy, promoting blood circulation and removing blood stasis, removing the pathogenic heat from the blood and clearing away the heart —heat. She had made up " Decoction of regulating rhythem (Tiao Mai Tang)" The composition is: pseudostellaria root, ophiopogon root, schisandra fruit, pueraria root, trichosanthes root, wutgrass flatsedge rhizome, red peony, coptis root, red sage root, chuanxiong rhizome, etal. I treated 38 cases of diabetic tachyarrhythmia with the recipe. According to the criteria of national diagnosis and curative effect, 24 cases of excellent results, 12 case of effective were achieved. The total effective rate is 95.5%. The excellent rate is 62.8%. The result shows no significant difference compared with the control group (38 cases treated by propafenone). And the efficacy of the decoction is longer and safer. The basic materials and the foundamental treatments of the two groups are similar.

糖肾康治疗糖尿病肾病的临床观察

北京中医药大学东直门医院　陈丁生　王秀琴

本文采用中西医结合的方法观察了具有益气养阴，补肾活血功效的糖肾康治疗早、中期糖尿病肾病的临床效果，并从微循环，TXB_2、6－酮－PGF1α 等理化指标探讨了其作用机理。

应用随机分组法，设治疗组与对照组。治疗组共 32 例，其中男 17 例，女 15 例；对照组共 17 例，其中男 9 例，女 8 例，两组疗前均衡性及免疫功能比较无显著差别。

基础治疗两组相同。药物治疗对照组用糖肾平 60—120mg/d，分三次口服，依据血压情况，加服开搏通 37.5～150mg/d；分三次口服；治疗组西药同对照组，加服糖肾康，每日一剂。糖肾康由太子参，黄芪，生地，玄参，山萸肉，丹参，水蛭等药物组成。疗程六周。

近期疗效比较，治疗组 32 例显效 16 例，有效 11 例，无效 5 例，总有效率 84.33%；对照组 17 例显效 3 例，有效 7 例，无效 7 例，总有效率 58.82%，组间比较有显著差异（$P<0.05$）。

微循环积分比较：治疗组疗后（3.25±0.90）较疗前（3.92±0.92　）显著下降（$P<0.001$），对照组疗后（4.14±0.73）较疗前（4.11±0.78）略上升（$P>0.5$），组间比较有显著差异（$P<0.01$）；TXB_2：治疗组疗后（148.54±56.02）较疗前（180.74±47.54）显著下降（$P<0.01$）；6－酮－PGF1α：治疗组与对照组疗后与疗前比较均无显著性差异（$P<0.05$）。提示糖肾康能改善组织的微循环，改善血小板功能，纠正局部组织缺血缺氧，有利于防治微血管病变的发生和发展。

本文的研究为糖尿病肾病的防治提供了新途径，为糖肾康用于治糖尿病肾病提供了科学的理论依据。

Observation and Inquirement of Tangshenkang in Treating Diabetic Renopathy

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The author treated 32 cases of diabetic renopathy which were in early and middle stages with Tangshenkang, which had the effects of replenishing Qi and nourishing Yin, strengthing the kidney and removing blood stasis, and inquired the mechanism of the effect in the aspect of physico－chemical parameter such as microcirculation, TXB2, 6－Keto－PGF1@. et al. 49 cases were randomly divided into treatment group (32 cases, male, 17 cases; female, 15 cases) and control group (17 cases, male, 9 cases; female, 8 cases). There is no significant difference between the two groups in equilibrium and immune function. There were same foundamental treatment of two groups. The control group was treated with Glurenorm, 60－120mg/d, 2－3 times a day. The treatment group was treated with Tangshenkang, one dose a day, 2 times a day. It consisted of: Pseudostellaria root, Milkvetch root, Dried rehmannia root, Scrophularia root, Dogwood fruit, Red sage root, Leech powder, et al. The course of treatment was 6 weeks. The total effective rate of treatment group and control group were 84. 33% and 58. 82% respectively. There was significant difference between the two groups ($P<0.05$). In the treatment group, the grade of microcirculation. TXB2 of pretreatment is lower than that of posttreatment. The result mentioned that Tangshenkang could improve the microcirculation of tissues and the blood platelet function, correct chemia and hypoxia of local tissues. It had the effect of preventing and treating diabetic microangiopathy

消渴病痹痿的临床研究

北京中医药大学东直门医院　于秀辰　吕仁和

本文根据消渴病专业委员会消渴病分期标准原则，探讨了消渴病痹痿的分期、证型、证候标准。治疗早中期病人30例。

①早期以益气养阴、活血通脉、祛风除湿为法，主药：太子参、麦冬、生地、丹参、赤芍、牛膝、狗脊、秦艽。

②中期以补益肝肾、活血逐瘀、舒筋通络为法，主药：桑寄生、黄精、狗脊、川断、生地、丹参、川芎、乌蛇、土鳖虫、蜈蚣。

结果：早期，显效4例，好转8例，有效4例；中期，显效2例，好转4例，有效3例。总有效率为83.3%。

The Clinical Research in Xiaoke Disease Flaccidity

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According to Xiaoke disease specialization committee about the stage in principle, we studied the Xiaoke Disease flacciditys' stage symptoms and signs. Two types are usually seen in clinical. They are deficiency of qi and yin (early phase), deficiency of liver—yin and kidney—yin (middle phase). All cases are 30. In early phase, we cured with benefiting vital energy and nourishing Yin, activating blood circulation to dissipate blood stasis, dispelling wind—evil and wetness—evil. Drugs are as following: Radix ophiopogonis, Fructus schisandrae, Dried rehmannia root, Red sage root, Red pcony root, Achyranthes and cyathula root, Fructus chacnomelis, Rhizoma cibolii, Radix genlianae macrophyllae, Radix dipsaci. In middle phase, we cured it with nourishing and enriching the liver and kidney, removing blood stasis and phlegm relaxing the muscles to remove obstruction in the collaterals, Ramulus loranth, Rhizoma polygonati, Rhizoma cibolii, Radix dipsaci, Rhizoma sen, Radix angelicae pubescentis, Radix gentianae macrophyllae, Dried rehmannia, Red sage root, Rhizoma ligustici chuanxiong zaooys, Eupolyphaga seu steleophafa, Scolopendra, Lumbricus.

	markedly effective	improve	ineffective	
Result:	Early phase	4 cases	8 casea	4 casea
	Middle phase	2 cases	4 casea	3 casea

The total effective rate is 83. 3%.

益气补肾活血法对糖尿病血管并发症防治作用的探讨

北京中医药大学东直门医院　娄锡恩　指导　吕仁和

临床研究：用益气补肾活血法防治糖尿病血管并发症（大血管病变）52例，有效率为84.4%，疗效优于对照组35例（达美康+VitE）。提示气阴两虚、瘀血阻滞是糖尿病血管并发症的基本病机，糖、脂肪代谢紊乱、自由基、脂质过氧化损伤是糖尿病血管并发症发生、发展的内在因素。糖尿病肾虚、气虚、血瘀证与糖、脂肪代谢紊乱及自由基、脂质过氧化损伤存在相关关系。治疗组与对照组的降低血糖、清除自由基作用相似，其改善临床症状及降低血脂的作用优于对照组，提示益气补肾活血法是一较好的防治糖尿病血管并发症的治疗方法。

The Study About the Therapeutic Method of Supplementing Qi, Invigorating the Kidney and Activating Blood Circulation to Prevent and Cure Diabetic Angiopathy

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This is a clinical research that utilizing the therapeutic method of supplementing Qi, invigorating the Kidney and activating blood circulation to prevent and cure 52 cases of diabetic angiopathy(the big blood vessel disease). The effective rate is 84.4%. This curative effect is better than 35 patients of the control group (using Gliclazide and vitamin E). It points out that the deficiency of both Qi and Yin and local accumulation of the phlegm and blood stagnation are the basic pathogenesis in diabetic angiopathy. The intrinsic factorswhich affect the occurrence and development of this disease are both metabolic disorders of sugar and fat and peroxide damages of free radical and lipin. These intrinsic factors are relative with the deficiency of kidney, the deficiency of Qi and the syndrome of blood stasis. The treatment group was as similar as the control group in reducing blood sugar and clearing SOD, but better than the control group in improving clinical symptoms and reducing blood—lipid, These evidences proved that the therapeutic method of supplementing Qi, invigorating the kidney and activating blood circulation is a goodmethod in preventing and curing diabetic angiopathy.

吕仁和教授运用加味四逆散治疗消渴病并发症经验

北京中医药大学东直门医院　杨晓辉
北京中医药大学中医诊断教研室　张　力
指导　吕仁和

消渴病（糖尿病）在其发生或发展过程中，常出现肝脾郁结致中焦脾胃升降失司的中焦阻滞证。吕仁和教授从长期临床诊治大量病人的实践中证明：中焦阻滞不解，其运用通经、活血、化瘀、补益气血脾肾等治法难以见效，故宗《伤寒论》四逆散加味而成为治疗各种漫性病有中焦阻滞证的开路先锋——加味四逆散。消渴病并发症中若有此证出现，先用或并用加味四逆散多有良效。其组成：柴胡6—10g，赤白芍各15—30g，枳壳实各3—10g，炙草3—6g，(体弱便溏者用小量，体壮便干者用大量）每日一剂，水煎分两次服。文中介绍了消渴病并发肾病、胸痹、中风、眼病、痿痹、积聚、阴痒等六种并发症的病机，临床表现和据症加减的具体用药经验。并初步探讨了肝胆郁结证对消渴病并发症发生、发展与形成中的作用，从理论上探讨了加味四逆散治疗消渴病并发症中的作用和机理。

Prof. Lü Renhe's Experience to Treat the Complications of DM With the Powder for Treating Cold Limbs With Additional Ingredients

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There always has the syndrome of middle warmer blockage caused by the liver—spleen stagnation in the course of XiaoKe disease (DM) occuring and developing. Through the long term practice of curing large number of patients, Prof. Lü Renhe has drawn the conclusion that the therapeutic methods of activing heat—vessel, promoting blood circulation, removing blood stasis, reinforcing and tonifying Qi—blood and kidney—spleen are uneffect unless regulating the blockage of middle warmer, so he made the powder for treating cold limbs with additional ingredients, an effective recipe to cure various chronic diseases which have the syndrome of blockage of middle warmer, according to the powder for treating cold limbs from《SHANG HAN LUN》. If there is the syndrome of blockage of middle warmer in the complication of DM, it would have better effect to use the recipe. It consists of Bupleurum root 6—10g, Immature bitter orange 3—10g, Bitter orange 3—10g, White penoy root 15—30g, Red penoy root 15—30g, Prepared liconice root 3—6g. (The weaker or loose stool, using the small amount; the stronger or constipation, using the large amount.) All the above drugs are to be decocted in water for oral administration twice a day. The article introduced the cause, clinical manifestation and the experience of modifying drugs according to the signs about six complications of DM such as kidney disease, chest Bi, Zhong Feng (Apoplexy), eye disease, Wei Bi, JiJu (Mass in the abdomen), Pudendal pruritus. It also arguing the syndrome of stagnation of Liver—Gallbladder plays an important role in the occurance, development of the complication of XiaoKe disease. The thesis has argued the reason of the powder for treating cold limbs with additionaling redients is important to treat the complication of XiaoKe disease in theory.

吕仁和教授治疗DM重视驱邪防变部分经验

北京中医药大学附属东直门医院　张子业

导师吕仁和教授治疗糖尿病，从病因着手，针对病机演变，标本兼顾，重视治标，除用益气养阴外，重视疏肝解郁，清热利湿，通利三焦，在几十年的临床实践中，在四逆散，四妙汤，四七汤的基础上灵活化裁而成加味四逆散，加味四妙汤，加味四七汤，对肝郁气滞、湿热中阻、痰气交阻者临床治疗，效果尤佳。吕老师认为：糖尿病患者，肝郁所致者甚重，过食肥甘而中焦湿热者不少，使气机阻滞，气郁化火，湿热内蕴，三焦壅滞，邪恶正虚，从而痰瘀互阻而变生各种并发症。只有使气畅血和，三焦通利，才能使阴易复，虚易补，阴阳气血调和。对治疗糖尿病早期及并发症和预防并发症的产生和加重有其重要的临床意义。临床见到不少病情长期不能稳定和并发症正在发展的来诊病人。经

吕老师治疗后，短期内得到稳定和缓解。

Prof. Lü Renhe 's Partial Experience on Emphasizinge Liminating Pathogenic Factors and Preventing Development in the Treatment of DM

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My tutor prof. LüRenHe takes into accout the primary and the secondary aspects at the same time, especially the latter in treating diabetes mellitus according to pathegenesis changes on the base of etiology. Besides benefiting vital energy and nourishing Yin, he also pays attention to disperse the stagnated liver—energy and alleviation of mental depression, clear away heat—evil and wetness—evil, activates thenic—heat triple warmer as well. In his clinical practice over thirty years. He has created modified powder for regulating the liver and spleen, modified decoction of pinelliae and magnoliae officinalis. Foreworder drugs powder by nimble adding and subtracting on the base of power for regulating the liver and spleen, decoction of pinelline and magnoliae afficinalis meanwhile. He used them to treat diabetes mellitus due to stagnation of liver—energy and vital energy retention of wetness—heat evil, accumulation of phlegm—vital in the body and yielded good results in clinic. Prof. LüRenHe thinks: among the diabetes patients, stagnation of liver—energy and vital energy and damp—heat of middle—jiao due to overeating a rich fatty and sweet diet is often the factor predisposing to the disease which lead to stagnation of vital energy. Fire—pathogen due to vital energy—stagnation results in retention of evils and deficiency of healthy energy, consequently obstruction of collaterals by blood stasis and phlegm to yield various complications. It is key to have yin fluid easily recovered. asthenia syndrome easily nourished, yin and yang or Qi and blood coordinnated only by coordination between vital energy and blood. triple warmer clearing. It has very important clinical significance in either treating yearly DM and complication or preventing the production and development of complication. Many patients came with an unstable condition and progressing complication. Affter the treatment by Prof. Lü with above method, their disease was stablized and alleviated soon.

三黄降糖方治疗糖尿病临床与实验研究

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健脾补肾、益气养阴为主，佐以活血清热，为糖尿病重要的治疗大法。据此拟定基础方“三黄降糖方”（组成有黄芪、黄精、黄连、白芍、甘草、山萸肉、何首乌、丹参、三七粉、天花粉等）。经临床观察和动物实验研究，初步取得满意疗效。本方治疗 60 例 NIDDM 患者，结果症状有效率达 93.33%。血糖、尿糖、血脂也较治疗前明显下降，对糖尿病所引起的心、脑、肾、周围神经等并发症也有较好的防治作用。动物实验表明，能降低血糖，对 SOD 有明显的升高作用，对鹌鹑高脂血症

模型也有较好的防治作用。

以上结果表明，健脾补肾，益气养阴，佐以化瘀清热治疗糖尿病是与糖尿病的基本病机相吻合的，以此理论组成的三黄降糖方也是行之有效的。本方所以对糖尿病及其并发症均有较好的防治作用，主要是改善胰岛功能、抗衰老、清除过氧化脂质、防治动脉粥样硬化等机制综合作用的结果。

Experimental and Clinical Study on the Treatment ofDiabetes With Sanhuang Jiangtangfang

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The important principle of the treatment for diabetes should be strengthening the spleen and tonifying the kidney, supplementing Qi and nourishing Yin, companied by removing blood stasis and clearing heat. According to the mentioned above, the basic prescription——Sanhuangjiangtangfang is adopted for the diseases, and the satisfied therapeutic effect is gained initially in the clinical observation and animal experimental study. To cases of NIDDM were observed with Sanghuangjiangtangfang. The results showed the effective rate is 93. 33%. It also proved that glucose in blood and urine the results before treatment(P<0. 01). In addition, the prescription has therapeutic and preventive effect for the complication in heart, brain, kidney and peripheral nerves, etc. The animal experimental study showed that the prescription could (1). Reduce blood glucose of mice with alloxan hyperglycemia remarkablely (P<0. 01). It proved that the prescription can stimulate the secretion of insulin and restorate islet—B calls. (2). Increasing superoxide dismutase (SOD) remarkablely, It demonstrated that the prescription is effective for antisenility. (3). Being effective for the treatment and prevention of hyperlipmia in quails serum decreased remarkablely (P<0. 01), but HDL increased obviously (P<0. 01). It proved that this prescription was effective for treating arteriosclerosis and improving the blood complication. All the results mentioned above demonstrated that the principles of treatment (strengthening the spleen and tonifying the kidney, supplementing Qi and nourishing Yin, companied by removing blood stasis and clearing heat) used in the treatment of diabetes coincided with the basic machenism of diabetes. Therefore Santangjiangtangfang, which is consisted of herble medicine according to the theory mentioned above, showed its good effection in treating and proventing diabetes and its complications by improving the function of islet of pancreas, preventing senility, removing lipoperoxide, preventing arteriosclerosis.

病证结合防治糖尿病

新疆喀什农三师医院　邢嘉立

糖尿病是一种慢性进行性加重的终生性疾病，近年来的临床实践证实：运用中西医辨病与辨证相结合防治糖尿病是一种较好的方法。

临床前期，患者无明显自觉症状，应以辨病施治为主，宜糖尿病基础疗法及滋阴清热中药。

临床期辨病与辨证相结合，分阶段分层次地治疗体会：

1. 糖尿病基本变化阴虚是本，燥热是标。在本病的发展过程中还可兼血瘀、气滞，痰湿，湿热，热毒等证候，故除用清热生津，益气养阴基本治疗外，还应针对病情及时合理地选用健脾益气，补肾涩精，清热泻火，疏肝理气，活血化瘀等法调整机体的阴阳气血，以利康复。
2. 辨病与辨证结合可以更全面深刻地认识本病，提高治疗效果。
3. 基础治疗与药物治疗相结合，持之以恒。
4. 注意药效时间差，使药物发挥的降糖高峰巧合血糖最高时。

To Cure DM With The Combination of Disease And Syndromes

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The author regards that integrating the Chinese medicine with the Western one, syndrome differentiation with disease differentiation is a better way of curing diabetes. In early clinical stage, the patients don't have clear clinical symptoms, it is acceptable to use the Chinese medicine of reinforcing the Yin deficiency and clearing away heat and that of curing basal diabetes. During the clinical period, it should be treated by integration of disease and syndrome differentiation and by phase and level. The clinical experience: (1) The clinical alternation of the diabetes is Yin deficiency as the origin and dryness fire as the super ficial, with blood stasis, stagnation of Qi, phlegm, damp and heat and toxicity in the whole course of its' development. Apart from sticking to the principle of clearing away heat, production of saliva, nourishing Yin, supplementing Qi, such approaches can be applied reasonably and selectively as reinforcing spleen, improving Kidney and vital energy, regulating the circulation of Qi, relieving the depressed liver and promoting blood circulation to remove blood stasis, keeping balance of Yin and Yang of the body. (2). Intergrating diagnosis with treatment can have a comprehensive and profound knowledge of the disease and improve the curing effect.

中医药治疗糖尿病实验研究概况与展望

河南省许昌市中医院　娄和坤
北京中医药大学　娄锡恩

长期以来，中医药治疗糖尿病积累了丰富的经验，尤其是动物实验的广泛开展，使中医治疗糖尿病的机理研究和药理研究取得了一定成果。近十年来，众多研究者在实验研究方面从不同角度研究和证实了一大批疗效突出的传统方、协定方和单味药及天然活性成分治疗糖尿病的作用机制。但是，目前可以看到临床疗效与实验研究尚存在一定距离，对剂型的研究仍需进一步探索。因此，今后的研究工作应注意基础理论、临床疗效与实验研究的密切结合，筛选药物和提取天然活性成分应着眼于研制疗效快、剂量小、治愈率高的新中草药制剂上，这是中医药治疗糖尿病能否走向世界的关键所在。

The General State and Prospect of the Experimental Research on Treating Diabetes With Traditional Chinese Medicine

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For a long time, treating diabetes with TCM has accumulated a lot of experience. Especially the widely development of animal experiment makes pathogenic research and pharmacological research get certain results. In recent ten years, a lot of researcher have studied and proved the mechanism of treating diabetes with a lot of traditional prescriptions, cooperative prescription, single herbal medicines and natural active component which have good curative effect from various aspects in experimental research. But, at present it can be found that there is also a certain distance between the clinic curative effect and the experimental research, and the research of the type of medicament needs some further studies. So further research work should emphasize the closely combination among the basic, the clinic curative effect and experimental research. Selecting drugs and extracting natural active components should emphasize on studying and producing the new herbal medical preparation which curative effect should be gained rapidly. the medical quantity is small and curing rate is high. These shall be the main point, if treating diabetes with TCM can be accepted and used all over the world.

糖尿病中医治法概况

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糖尿病属于中医消渴病，是一种常见病，多发病。近十年来，国内在运用中医药治疗糖尿病方面

进行了大量研究，治疗方法颇多，本文通过对十年来中医药治疗糖尿病方面的资料、分析，整理、归纳出常用的八法：滋阴清热法；益气养阴法；健脾法；补肾法；调肝法；祛湿化痰法；排毒法；活血化瘀法。

Therapy of DM With Traditional Chinese Medicine

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DM is a common and recurrent disease, it belongs to XiaoKe disease in TCM. extensive investigation has been carried on in treating diabetes using TCM. Literally, there are plenty of methods of therapy on this term. The author referred the latest ten years of references to analyze, formulate and summarize the commonly used eight methods: reinforcing Yin and removing heat; invigorating Qi and nourishing Yin; strengthening the spleen; supplementing the kidney; regulating the function of liver; eliminating the dampness and phlegm; removing the toxic material and promoting blood circulation to remove blood stasis.

消渴病的发病与治疗机理

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消渴病是气病、精津病、耗能病。该病的形成，人体气化功能失常为主因。初期为气机亢奋而致消渴，然后导致生化分泌代谢紊乱，产生高血糖症及口甘、尿甜等的糖尿病。病初燥热内生、烦渴引饮；随之出现尿多、消食、食不知饱；久则下焦寒生，气化损衰，难能气化，固摄无力，阴精败浊；重则内生毒素，变证百出，最终形成水毒证候（尿毒症）。人体气化功能失常，代谢紊乱，燥邪为害，损伤阴精，体内产生湿、饮、痰、瘀血、毒素等病理产物，更使脏腑、奇恒之腑功能失调加重。瘀证贯穿整个消渴病之中，为导致人体生理机制、气化功能虚衰的重要因素。根据中医药学理论，采取调整逆变平衡方法治疗消渴病，以调整气化为主，扶正祛邪，增强代谢，推陈生新，恢复脏腑阴阳平衡及物质生化利用的功能机制，促使病人康复。

Mechanism of Pathogenesis and Treatment of Diabetes

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Diabetes is a Qi—fen syndrome, an essence saliva syndrome and a energy consump-

tive syndrome. The main reason for this disease is that human body's circulation and change of vital energy function isn't normal. In the early days, exciting of functional activities of vital energy leads to diabetes, then leads to endocrinologic and metabolic disorder, such as high blood sugar, thirsty and sweet urine. This disease is produced by inner dryness—heat evil, shows extreme thirsty and desire for drinking at first, then polyuria polyphagia and hunger. When drinking, urinating or eating more, cold syndrome results from lower warmer, circulation and change of vital energy damaged, and difficult to recover by astringents feel weak, Yin of the fundamental substance which maintains the function of the body is lost. Toward the serious circumstance. inner—toxin produced at last appearing many accompanied symptoms and signs, forming toxic water syndrome (uremia). Human bodys' circulation and change of vital energy isn't normal, metabolic disorder, dryness evil damage Yin of the fundamental substance which maintains the function of the body. Within the body produced wetness, fluid—retention. phlegm, saliva stasis and other such toxic pathologic product, even aggravate the solid and hollow organs' functional disorder, so the blood stasis runs through the whole course of diabetes and lead to the functional weakness. So we adjust inverse transformation balance, adjust circulation and change of vital energy, to support the healthy energy and eliminate the evil factors, to restore the Yin Yang balance of the solid and hollow organs and the function of biochemical substance utilization. This will leads to the eradication of DM.

益气养阴汤治疗Ⅱ型糖尿病30例疗效观察

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本文报告了我院采用益气养阴汤治疗Ⅱ型糖尿病30例取得满意疗效，其中较理想控制达40%，空腹血糖下降>治疗前后平均差值为4.69mmol/L，　24小时尿糖平均差值为37.86g，总有效率为83.33%。本文提出，　根据祖国医学认为本病病机在于肺燥、胃热、肾虚，但其本在肾。益气养阴汤具有益气养阴，扶正培本、标本兼治的作用，据近年来中药药理研究，本方主药党参，对中枢神经系统有调节作用兼有加强体内胰岛素的降糖作用，同时具有降低血胆固醇及扩张周围血管、降血压的作用，生地、枸杞、地骨皮均有降血糖及血脂作用。丹参、泽泻具有扩冠和增加冠脉血流量及扩张周围血管作用。综上所述，本方具有降血糖、血脂、扩冠及改善血液循环的作用，它不仅对治疗糖尿病有一定作用，而且对预防及治疗糖尿病大血管和微血管并发症也有一定作用。

Observation on 30 Cases of NIDDM Treated by" Decoction For Supplementing Qi and Nourishing Yin"

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The present study was performed on 30 cases of NIDDM treated by " Decoction for supplementing Qi and nourishing Yin" and a satisfactory result was obtained. 40% (12

cases) of the patients were well relieved, the mean reduced value of FBS after treatment was 4. 69mmol/L and 37. 86g for glucose in urine of 24 hours, The total effective rate reached to 83. 33%. According to TCM, the pathogenesis of the disease lies in dryness of lung, heat of stomach, deficiency of the kidney, but the fundamental cause lies in kidney. " Decoction for supplementing Qi and nourishing Yin" is able to achieve supplementing the vital energy and nourishing Yin, stablizing the foundation and strengthening the body, and simultaneously treating the cause and symptoms. On the ground of recent records in the pharmacology of Chinese herb, Radix codonopsis piosulae works as the cardinal remedy, which is capable of both adjusting the central nervous system and strengthen the insulin's action of reducing the blood sugar and also of lowering blood cholesterol, dilating peripheral vessel and dropping blood pressure. Radix rehmannia sicca, fructus lycii, cortex lycii Radicis are able to lower blood sugar and cholesterol, Radix Salviae miltiorrhizae and Rhizoma Alismatis are capable of expanding coronary vessels, increasing the coronary circulation volumn, and dilating the peripheral vessels. To sum up, lowering blood sugar and cholesterol, expanding coronary vessels, as well as improving blood circulation are all accomplished by the prescription. Not only on treating diabetes but also on preventing and treatingits complications of macroangiopathy and microangiopathy, it plays a significant role in effectiveness.

益气养阴活血法治疗消渴病 40 例

辽宁省本溪市中医院　田秀荣

消渴病的病机以气阴两虚为主，临床上多治以益气养阴之法。笔者在临床实践中，根据患者的临床表现及现代检查分析，发现大多数患者有瘀血征象，如肢麻、肢痛、舌暗红、脉细涩等，故应以益气养阴，佐以活血化瘀为治法。本组治疗 60 例气阴两虚兼血瘀的消渴病患者，其中 40 例治以益气养阴活血法，20 例采用益气养阴法，均以三个月为一疗程。治疗后，益气养阴活血组显效 21 例，好转 17 例，无效 2 例，总有效率 95%；益气养阴组显效 6 例，好转 9 例，无效 5 例，总有效率 75%。经统计学处理，P<0.05，　两组疗效有显著差别。说明益气养阴活血法疗效更佳。

Curing 40 Cases of NIDDM by the Method of Nourishing Vital Energy, Replenishing Yin, Activating Blood Circulation and Removing Stasis

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Diabetic pathogenesis is mainly deficiency of vital energy and Yin. The method of nourishing vital energy and replenishing Yin was commonly used. The author finds that according to the clinical expression of the patients and modern examination analysis, the vast majority of patients have symptom of blood stasis, for example, the four limbs numb, the four limbs pain, the tongue's colour dark red, uneven and thready pulse and so on. We used the method of nourishing vital energy, replenishing Yin, and invigorating

blood circulation to treat 60 diabetics. Their pathogenesis is deficiency of vital energy and Yin and blood stasis. 40 of them were cured by the method of nourishing vital energy, replenishing Yin and removing blood stasis. Other were cured by the method of nourishing vital energy and replenishingYin. The course of treatment is three months. After treatment. 21 patients appeared obvious curative effect, 17 patients improved, 2 patients had no change in the former group. Total effective rate is 95%. In the latter group 6 patients appeared obvious curative effect, 9 patients improved, 5 patients had no change. Total effective rate is 75%. With the handle of statistics ($P<0.05$). the curative effect between the two groups is different. The former method is better.

益气养阴活血化瘀治疗糖尿病临床研究

吉林市空军吉林医院　黄进业　石喜芝　王丽华　王长友　杨宁江

根据糖尿病气阴两虚血瘀的病机特点，采用益气养阴、活血化瘀为主治疗47例糖尿病患者，所有病人均符合WHO糖尿病诊断标准，用药前后均进行血糖、糖化血红蛋白、24小时尿糖定量、眼底和心电图检查。治疗结果，空腹血糖、糖化血红蛋白、24小时尿糖定量均显著降低（$P<0.01$），总有效率为89.3%。传统理论认为消渴病为阴虚燥热所致，治宜滋阴清热。糖尿病患者多嗜食肥甘厚味，其性壅滞，易阻滞气机而致血瘀，现代医学证明糖尿病患者有微循环障碍及血管内凝血现象。活血化瘀法具有扩张血管，逐瘀生新，使血流通畅，糖利用增加，血糖降低。

Clinical Study of DM by Invigorating the Circulation of Blood And Building up Vital Energy

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According to the TCM theory and clinical findings of deficiency of vital energy and Yin, stasis of blood. We treated 47 cases of diabetes by invigorating the circulation of blood and building up vital energy. There were statistically significant difference in fasting plasma glucose, glycated hemoglobin and quantitative analysis of urine glucose in 24 hours between pre—treatment and post—treatment ($P<0.01$). The total curative rate is 89. 3%. In the TCM, DM is caused by functional febrile, more used the methods of treating by reinforcing body and nourishing the blood and antipyretic. Finding of current medicine have proved an appearence of intravascular coagulation in the microcirculation and extravasated blood of various degree in every phase of DM. We offered the theory that DM is a blood stagnated syndrome caused by intravasuclar coagulation and disorder of the microcirculation lower secretion and utilization of insulin, raise blood glucose, Invigorating the circulation have a effect of dilating blood vessel, banishing blood stagnation and building up new vital energy, free of the microcirculation, increasing utilization of glucose and lowering blood glucose.

资生丸加减治疗Ⅱ型糖尿病52例

黑龙江省桦南县中医院　魏绪和　姜建章　刘中伟

本人用资生丸加减治疗Ⅱ型糖尿病52例。资生丸方组成：党参15克，山药20克，莲子肉15克，芡实20克，扁豆10克，玉竹20克，黄精15克，白术15克，苍术10克随症加减，燥热伤阴加麦冬10克，五味子15克；气阴两虚加黄芪30克，太子参30克；阴阳两虚加淫羊藿10克，葛根10克；瘀痰阻滞加佩兰10克，丹参20克；烦渴引饮加石膏30克，知母15克，元参15克；合并肾病加益智仁20克，黄芪20克；合并高血压加决明子15克，牛膝15克，治疗52例NIDDM获较好疗效。疗效标准：①显效：糖尿病症状消失血糖正常，尿糖阴性，停药后每周查尿糖，每月查血糖各一次，连续三月无异常者；②有效：糖尿病症状消失，血糖正常，尿糖阴性，停药后有波动，服药又正常者；③无效：治疗两周以上，糖尿病症状不减，血糖值高于正常，尿糖阳性者。结果：显效22例，占42.3%，有效30例，占57.6%。

Treatment of 52 Cases of NIDDM by Modification of " Zi Sheng Pill"

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The Zisheng Pill is composed of: pilose asiabell root, Chinese yam, lotus seed, gordon euryale seed, hyacinth bean, fragrant solomonseal rhizome, siberian solomonseal rhizome, bighead atractylodes rhizome, atractylodes rhizome, This recipe can be modified in accordance with the symptoms. Ophiopogon root, schisandra fruit were added to the syndrome of impairment of Yin by dryness—heat, Milkvetch root, pseudostellaria root were added to the syndrome of both Qi and Yin deficiency; Epimedium, pueraria root were added to both Yin and Yang deficiency; Eupatorium, red sage root were added to retention of phlegm; Gypsum, wind—weed rhizome, scrophularia root were added to extreme thirst and desire for drinking; Bitter cardamon, milkvetch root were added to the complication of nephropathy; Cassia seed, Achyranthes root were added to the complication of hypertension. The author used it to treat 52 cases of NIDDM and got a good effect.

双五降糖胶囊治疗糖尿病450例

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双五降糖胶囊系秘藏方，其药物组成：五倍子、五味子、麝香、珍珠粉等，主治NIDDM，具有降

糖之功效。笔者对 450 例稳定型糖尿病患者，均用双五降糖胶囊做为主要降糖药物，疗效满意。在 450 例患者中，男性 350 例，女性 100 例；年龄最小 37 岁，最大 72 岁；伴有合并症者 175 例，占总数的 38.88%，合并神经炎 76 例；肾病 53 例；视网膜病变 46 例，疗程最长为 92 天，最短为 27 天。用法：每次 6 克，日三次，餐前 30 分钟白开水送服。治疗效果：显效 434 例，空腹血糖<6.1mmol/L，血脂正常，临床症状消失，有效 20 例，空腹血糖<7.33mmol/L，临床症状及并发症明显好转，无效 6 例。双五降糖胶囊，它具有降低血糖的作用，通过 450 例的患者临床观察的确是有效之剂。再结合中医辨证，进行标本兼治疗效更佳。

"Double－Wu Hypoglycemic Capsule" Treating 450 Cases of DM

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"Double－Wu hypoglycemic capsule" is a secret recipe. It consists of Chineses gall, schisandra fruit, musk, pearl powder, et al. It can treat NIDDM and have hypolglycemic effect.

Clinical data: There are 450 cases of DM, male 350 cases, female 100 cases. The youngest is 37y, the oldest is 72y. The patients with complication are 175 cases, which is 38.88% of the total. Neuropathy are 76 cases. nephropathy are 53 cases, retinopathy are 46 cases. the longest therapeutic course is 92 days, the shortest course is 27 days. Application: "Double－Wu hypoglycemic capsule" 6g a time, 3 times a day, orally taken thirty minutes before meal. Treatment result: 434 cases are obviously effective: FBG becomes less than 6.1mmol/L, blood lipid has been normalized, clinical symptom disappeared. 20 cases are effective: FBG becomes less than 7.33mmol/L, clinical symptom and neuropathy obviously turned better, weight gradually increased. 6 cases are uneffective.

养阴益气固涩化瘀法对糖尿病降糖效果及对血 Cu、Zn 的影响

长春一汽职工医院　仲伟珍　李玉军

用养阴益气固涩化瘀法治疗 42 例消渴病，发现降糖疗效满意，并能提高病人的血清 Cu、Zn 含量。治疗方法：养阴益气固涩：降糖汤，每服 100 毫升，日服两次。化瘀：用复方丹参液 20 毫升每日静点一次。控制饮食，适当运动，疗程四周。结果：显效 23 例，有效 15 例，无效 4 例，总有效率为 90.85%。降糖结果：治疗前空腹血糖为 12.13±4.09mmol/L，治疗后为 8.22±2.91mmol/L，P<0.01；餐后 2h 血糖治疗前为 18.60±9.29mmol/L，治疗后为 13.10±3.88mmol/L，P<0.01；24h 尿糖定量治疗前平均为 129.6 克，治疗后为 66.35 克，P<0.05。治疗前病人的血清 Cu、Zn 含量均低于对照组 P<0.01，治疗后升高，P<0.05，Cu/Zn 下降，P<0.05，Cu、Zn　含量降低可能是糖尿病发生的物质基础，提示适当补充 Cu、Zn 制剂有利于 DM 的防治。

A Report of Curative Effect of Lowering Blood Glucose on DM by Method of Nourishing Qi and Yin Astringency and Activating Blood (With Observation on Changes About the Contents of Serum Copper and Zinc)

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We used the method of nourishing Yin replenishing Qi astringenty and activating blood to treat 42 cases of diabetes. It was satisfied for the result of lowering blood glucose and elevating the serum Cu. Zn. The patients were treated with JiangTangTang 100 ml twice a day by oral and Fu fang dan shen injection 20ml i. v. once a day along with diet restriction and exercise regulation for 4 weeks.

Result: notable curative effects: 23 cases, general curative effects: 15 cases, no effects: 4 cases. The total effective rate is 90. 58%. Result of sugar－lowerng: befor treatment: Fasting blood glucose is 12. 13±4. 07mmol/L, after treatment: 8. 22±2. 71mmol/L (P<0. 01). PBG from18. 60±7. 29mmol/L to 13. 1±3. 86mmol/L (P<0. 01). 24H urine glucose from 129. 6g to 66. 35g (P<0. 05). Before treatment, the contents of serum Cu. Zn of patients are lower than those of healthy group (P<0. 01). After treatment, the contents of serum Cu Zn of patient elevated (P<0. 05), Cu/Zn ratios are reduced (P<0. 05).

Discussion: The author has the opinion that evolution of syndrome type of diabetes are extreme heat due to deficiency of yin, deficiency both of Qi and Yin, deficiency both of Yin and Yang, and the deficiency of these would lead to blood stasis. The blood stasis exist early. middle and late stage of DM. Blood stasis is pathologic base on vascular and nervous lesion in diabetes.

The test result showed that the decrease of the contents of sernm Cu and Zn likely to be the material base for DM. Reasonable supplement of Cu and Zn preparation which will be favourable to the prevention and treatment of diabetes.

自拟消渴饮治疗糖尿病160例临床观察

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笔者以健脾益气为法，自拟消渴饮治疗糖尿病160例，疗效颇佳，在所观察的病例中，60岁以上老年人为120例，占本组病例75%，血糖水平多为8～15mmol/L的轻、中型糖尿病病人，疗程为三个

月．以症状、舌苔、脉象及血糖、尿糖、糖化血红蛋白、胰岛素水平等的改善为观察指标，本组病例总有效率88.2%。乏力自汗，多食口渴，多尿等症状改善为70%以上，空腹血糖餐后2h血糖水平明显降低，免疫球蛋白治疗后有所提高，胆固醇、甘油三脂疗后明显降低，本组160例于观察前后、血象、肝功、肾功均无变化，笔者认为糖尿病是由于各种原因导致脾虚气弱、转输失职，水谷精微下注妄流，不能濡养肌肉，发为本病，治疗上健脾益气为法，使脾运化水谷功能健旺，化湿升清、浇灌四旁，为胃行其津液，则诸症去矣。

Clinical Observation of 160 Cases of Diabetes Treated By Selfdrafted Liquid

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The author drafts the prescription liquid to treat 160 diabetes cases by means of strengthening the spleen and replenishing Qi with a good curative effect. Among the cases, 120 patients are over sixty, accounting for 75% of the total. most of the mild and moderate cases have blood sugar content of 8 −15mmol/L, and after three months of treatment, the improvement of observational index, the symptoms, tongue fur, pulse condition, blood sugar, glucose in urine, glycated hemoglobin and insulin level has been achieved at the overall effective rate of 88. 2%, and the improvement rate of acratia and spontaneous perspiration, polyphagia, thirst and polyuria is over 70%. Fasting blood glucose concentration and post − prandial blood sugar have been remarkably lowered. Among the 160 cases observed there is no change of blood−picture, liver function and renal function befoer and during the treatment, The writer think diabetes is the result of failure in nourishing muscle and flesh out of insufficiency of the spleen and weakness of Qi, malfunction of digestion, absorption and maladjustment of food due to many reasons. And therefore by means of strengthening the spleen and replenishing Qi after the treatment to enable the stomach to produce fluid with the restoration of the spleen to its' active action to moisten the other solid and hollow organs and the removal of dampness and wastes all the symptoms will be gone.

参胰葫芦方治疗糖尿病62例临床观察

山东省莒县中医医院　宋会都

本文总结了自1986年以来，用自拟食疗为主的“参胰葫芦方”治疗糖尿病62例的临床观察。笔者认为：人参可补五脏、止消渴；猪胰脏有治消渴羸瘦的记载，并取其以脏补脏之意，葫芦有育阴止渴、清热解毒之功；诸味相合则有益气补脏，育阴清热之功。治疗方法用人参（阴虚火旺用西洋参）10—15g，鲜猪胰脏1—3具，鲜葫芦（未成熟而短柄腹大者）适量组成；七剂为一疗程，3天后可再进行下一疗程，一般疗程长者7个，短者2个疗程。总有效率可达92%。本文并举例说明有一定疗效。

Observation of 62 Cases of Diabetics Treated With Prescription of Ginseng, Pig Pancreas and Calabash

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This paper sums up the clinical observation of diabetics treated with a prescription of ginseng, pig pancreas and calabash, which is made out by myself and has been used for dietary therapy since 1986. It is considered that ginseng is tonic to the fire internal organs (heart, liver, spleen, lungs and kidneys) and prevents one from getting thirsty and drinking too much water. It is recorded that pig pancreas can treat one for his being always thirsty and too thin, that also means building up one's internal organs with the same ones of pig. Calabash has the function of maintaining Yin and stopping one's thirst, and it has antipyretic function and relieve internal heat or fever. The mixture of the three is beneficial to one's internal organs. And it can maintain Yin and get rid of internal heat or fever, The prescription consists of one to three pig pancreases, a certain amout of fresh pulp from a big, round and unripe calabash with a short base, and some ginseng (10 to 15 grams). To a diabetic of fire hyperactivity due to Yin deficiency. American ginseng can be used in place of the ordinary ginseng. A course of treatment for a diabetic usually consists of seven doses of the decoction. Another course follows after three days. Generally a more serious diabetic needs 7 courses, while a less serious one needs only 2. the prescription has some curative effect. The total effective rate is about 92%.

益气滋肾清肝法治疗糖尿病100例

第四军医大学西京医院中医科　李秀云

糖尿病为老年常见病之一。作者根据老年气虚肾虚体质特点，认为糖尿病的主要病机为阴虚肝旺。从益气滋肾清肝着手治疗100例，取得满意疗效。

基本方药：西洋参、黄芪、生地、山药、山萸肉、茯苓、丹皮、白芍、当归、柴胡、泽泻、潼蒺藜、龙胆草、丹参、元参。偏上消加沙参、麦冬；偏中消加天花粉、生石膏、知母；偏下消加仙灵脾、桑螵蛸；血糖不降加黄精、生石膏、苍术；心慌、失眠加炒枣仁、夜交藤；血压偏高加夏枯草、钩藤、菊花、白蒺藜、石决明。每日水煎一剂，30天为一疗程。共治100例，2个疗程后，显效24例，有效56例，好转12例，无效8例，总有效率92%。

Treatment of 100 Patients Suffering From Diabetes Mellitus by Supplementing Qi, Nourishing the Kidney and Removing Heat from the Liver

Li Xiuyun

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DM is one of the common disease in the elderly people. Based on these people's constitutional characteristics of deficiency of both—Qi and kidney, the author believes that deficiency of yin and hyperactivity of liver are the chief pathogenesis of DM. Thus by benefiting vital energy, nourishing the kidney and clearing away liver—heat, the author has treated 100 patients with satisfactory results. the basic recipe is as follow: Radix panacis 6g. Quinquefoli 30g. dogwood fruit 12g. moutan bark 12g. Chinese angelica12g. Alismatis rhizome 10g. gentian root 6g. scrophlariaroot 15g. astragalus root 30g. Chinese yam 30g. poria 12g. white peony root 12g. bupleurum root 12g. flatstem milkvetch seed 10g, red sage root 15g. Besides, the following additional ingredients ought to be employed for accessory treatment: adenophora root, ophiopogon root, for the cases involving the upper -Xiao; trichesanthes root, gypsum and anemarrhena rhizome for the cases involving middle—Xiao; epimedium andmantis egg—case for the cases involving the lower—Xiao; Siberiansolomonseal rhizome, gypsum, atractylodes rhizome for the cases with continous hyperglycemia; wild jujube seed and fleece—flower stem for the cases with palpitation and insomnia; prunella spike, hooked uncaria, chrysanthemum flower, white tribulus fruit and sea—ear shell for the case with hypertension. One dosage is orally adiministered daily and 30 days forms a course of treament. One hundred patients (56 male and 44 female) were treated with the therapy. After two courses of treatment, 24 of the patients responded markedly well; 56 responded well to the therapy ; 12 showed some improvement and only 8 of the patients did not respond to it at all. Thus the total efffective rate for the therapy is 92%.

糖尿病从瘀论治 127 例临床报告

河南省漯河市糖尿病研究所　丁惠敏

糖尿病属于祖国医学"消渴病"的范畴。历代前贤多认为消渴病病机主要以阴虚燥热或气阴两虚为焦点。近年不少医家认为瘀血与消渴病的发生、发展密切相关，本文采用益气养阴化瘀法治疗 127 例糖尿病患者，获较好疗效。

治疗方法：主方：黄芪、山药、生地、花粉、茯苓、葛根、元参、丹参、益母草、当归、川芎、麻黄。气虚血瘀者以补阳还五汤为主方；气滞血瘀者以血府逐瘀汤为主方；长期使用胰岛素而有血瘀者以调气活血方为主方。治疗结果：127 例，无效 5 例，有效 23 例，显效 62 例，临床缓解 37 例，总有效率 96%。

根据糖尿病气阴两虚兼血瘀之病机，应从滋阴补肾，益气活血化瘀治其源。生地、元参、花粉、葛根清热生津，滋阴补肾；生芪、山药、茯苓补气健脾补后天之本；丹参、益母草、当归、川芎、麻黄

补血行血，活血化瘀。诸药合奏，燥热除，气阴复，气血运化通畅条达，润养五脏肌体生理功能康复，消渴之症自愈。

Report on 127 Cases of Diabetes Treatment by Eliminating Blood Stasis

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DM is included in Xiaoke disease according to the principle of TCM. In the past, the doctors of TCM thought that the mechanism to cause diabetes was essentially due to deficiency of Yin leading to dryness—evil or deficiency of both Qi and Yin. in the recent years, many famous doctors of TCM think that the blood stasis has a direct connection with the development of diabetes. We have achieved great success in diabetes treatment by the method of tonifying Qi and Yin and eliminating the blood stasis. (1). Classification by differentiation on signs and symptoms: deficiency of Yin; dryness and heat; deficiency of Qi; deficiency of Yang; blood stasis. (2). Therapeutic methods: principal prescription includes: Radix astragali seu hedysari, rhizoma dioscoreae, Radix rehmanniae, Radix trichosanthis, Poria, Radix puerariae, Radix scrophulariae, Radix salviae miltiorrhizae, leonurus, Radix angelicae sinensis, Rhizoma ligustici chuanxiong, herba ephedrae. For the patients suffering from deficiency of Qi and blood stasis. the principal prescription is Buyanghuanwutang. For the patients suffering from stagnation of Qi and blood stasis, the principal prescription is Xuefuzhuyutang. And for the patients with blood stasis and with insulin treatment, the principal prescription is Tiaoqizhixuefang: Radix saussureae lappae, Radix angelicae sinensis, Radix paeoniae, leonurus, rhizoma ligustici Chuanxiong. (3). Therapeutic effect: of the 127 cases, 5 cases inefficacious; 23 cases are efficacious; 62 cases are of marked effect; and 37 cases are recovered. Efficacious rate is 96% and curative rate is 29%.

自拟肾消汤治疗老年性下消 32 例

辽河油田钻井一公司医院　徐立章　王艳平

老年性糖尿病的病机多为脏腑功能衰退所致。其病变部位在肺、脾、肾，而肾最为重要。肾为先天之本，主水藏精，故后期多导致肾的阴阳俱虚。根据这一主要病机结合老年人糖尿病临床特点：小便频数，口干多饮，腰膝酸软，身倦乏力，四肢不温，脉沉细无力等，均属肾阴被耗，肾气摄纳不固，约束无权，尿多而下形成下消。故拟培补真元，滋阴固肾之大法，自拟肾消汤：熟地、山萸肉、麦冬、五味子、元参、肉桂、龙骨、牡蛎、桑螵蛸、苍术、黄芪、山药。临床治疗 32 例老年性糖尿病，总有效率达 94%。文中对本方的药物降糖机理及药物配伍特点进行了分析。

Self－formulated Herbal Decoction for Treating Senile Diabetes Involving the Lower Xiao－32 Cases

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The Hospital of Liaohe Oil Field

The author thinks that the pathogeny of senile diabetes is viscera prostration. this main pathogenesis is combined with senile diabetic clinical syndroms: frequent micturition, feeling thirsty and drinking much, cold feeling of limbs, soreness of the loins and lassitude of knees, leanness and lassitude of the body, dry feeling of the tongue with pale colour, whitish glossy fur, weak and thready pulse, etc. All of these symptoms are caused by the exhaustion of kidney Yin, instabality of kidney Qi, weak restraint ability, urinating much. Therefore, it is necessary to reinforce primordial essence and to nourish Yin and to stablize kidneys. So, in order to treat the senile diabetes involving the lower Xiao the author makes up the prescription of herbs: prepared rehmannia root 40g, dogwood fruit 40g, ophiopogon root 30g, fruit of Chinese magnoliavine 10g, root of kakuda figwort 40g, cinnamomum bark 5g, dragons' bone 30g, oyster shel 30g, mantis egg－case 30g, atractylodes rhizome 20g, root of mongolian milkuetch 30g, rhizome of common yam 25g. 32 diabetes who suffer from senile diabetics involving the lower Xiao, have been treated with this decoction, and the total effective rate is 94%.

雪莲荞花玉液饮治疗消渴病临床辨证施治的研究

新疆乌鲁木齐市第一人民医院　肖亚琴　王顺江　王　旭

消渴病是一种严重危害人民身体健康的常见多发病。尤以老年人发病率有明显的上升趋势，成为威胁人类生命的第三大疾病。我组运用中医药治疗本病已积累了丰富的经验，自拟“雪莲荞玉液饮”同时以消渴丸为对照进行辨证施治，立法组方，随症加减，治疗消渴病，疗效显著。本病的病因病理机制关键是阴虚阳亢，情志失调，饮食不节，过食肥甘，醇酒厚味，房劳伤肾，均可产生内热，虚火妄动。由于阴虚火旺，积热化燥。其病理机制以阴虚，燥热，气虚，阳虚，血瘀为主要表现。临床见：血瘀，气滞，痰湿，热毒等兼夹症状。本病分型为五大类：1. 阴虚型；2. 燥热阴虚型；3. 气阴两虚型；4. 阴阳两虚型；5. 血瘀内阻型。消渴病治疗原则是滋阴降火，清热润燥，清胃益气，活血化瘀与兼顾肝胰两脏。法则为益气养阴生津治其本，增液润燥清热治其标，兼顾清肝胰活血化瘀之法。方如下：

雪莲花　荞麦枝杆果实　生黄芪　生山药　山芋肉　葛根　牛膝　丹参　五味子　鸡内金　天花粉　石斛　白术　狗脊　鲜芦根　辨证施治，立法组方，随症加减，使临床症状控制与改善体征更迅速，更可靠。本方治疗组总有效率 90.7%，消渴丸对照组总有效率 84.37%，本方可降低血糖，降低尿糖总量，预防并改善并发症的发生，减少精微物质流失，改善患者营养状态，增强患者体质，改善人体内分泌功能，促进胰岛β细胞功能恢复和再生发育，调整代谢与改善微循环，促进胰脏功能恢复，增强人体免疫功能。

The Study of Treatment According to Syndrome Differentiation of DM With Snow Lotus and Buck—wheat Flower Yu Ye

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DM is an usual and frequently occuring disease, it endangers people's health seriously. especially to the old people. The morbidity has increased obviously, it has become the third disease, which imperils the human beings. The author use Snow lotus and Buck—wheat flower Yu YE in diabetic diagnosis and treatment, Compared with Pilulae Diabetics. The crux of the cause of disease and the interpretation of the cause are Yin deficiency leading to hyperactivity of Yang, mood imbalance, improper of diet, excessive drinking, damage of kidney by sexual strain, and overstrain etc. These all can lead to inner heat, and deficiency fire ill—considered. Due to Yin deficiency, vigorous fire, accumulated heat and transforming into dryness syndrome. The chief expressions of the interpretation of the cause is deficiency of Yin, dryness—heat, deficiency of vital energy, deficiency of Yang, and blood stasis etc. The expression of clinical symptoms are blood stasis, stagnation of vital energy, phlegm—damp evils, dampness—heat, heat intoxication etc, The disease is divided into five types: (1) deficiency of yin type; (2) dryness—heat and deficiency of yin type; (3) deficiency of both vital energy and yin type; (4) deficiency of both yin and yang type; (5) Inner blocking of blood stasis type. The therapeutic principle is supplementing vital energy and nourishing Yin, promoting production of body fluid, increasing the body fluid, moisturizing dryness, clearing away heat. Pay attention to clear away liver and pancreas, remove blood stasis to promote circulation. Snow lotus and Buck—wheat flower Yu Ye consists of Snow lotus 15g, Buck—wheat culm and fruit 30g, Radix astragali 30g, Dioscorea panthaicaet buck 30g, Fructus corni 10g, Radix puerariae 10g, Achyranthes root 15g, Radix salviae miltiorrhizae 15g, Schisandra fruit 30g, Chicken's gizzard—shin 10g, Trichosanthes root 15g, Dendrobium 10g, Reed rhizome 10g. Atractylodes macrocephala koidz 10g. Cibot rhizome 10g, Contrasting the treatment group and the control group, the total effective rate are 90. 7% and 84. 37%.

六味地黄丸治疗非胰岛素依赖型轻（中）型糖尿病 20 例疗效观察

昆明医学院一附院　冯文忠

本文报告了中药“六味地黄丸”治疗Ⅱ型轻（中）型糖尿病 20 例均取得良好的疗效。糖尿病在中医中药中属“消渴”范畴，由于肺、胃、肾阴虚燥热所致，其本是肾阴虚，故选用三阴并治的“六味地黄丸”进行治疗，取得的良好的疗效，为研究中药降糖作用提供临床资料，并提出了“六味地黄丸”是作用于胰岛素受体和调整糖代谢过程的粗浅看法，但是本方是单味药的作用，还是复方作用待今后进一步研究。

Clinical Efficacy of Bolus of Six Drugs Including Rehmnnia on Patients With NIDDM

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This article observed therapeutic effect of bolus of six drugs including rehmannia, which obtained good effect. DM belongs to " Xiao Ke" syndrome category in Chinese medicine. It was heat due to Yin deficiency of lungs, stomach and nephralgia, based on Yin deficiency, so that bolus of six drugs including rehmannia was selected to treat three yin and obtained very good effect. This study of Chinese drugs of lowering blood sugar supplies clinical data and bolus of six drugs including rehmnnia might react on insulin receptor and whole metabolism. As for bolus of six drugs including rehmannia was to do simple drug or complex drugs, it will be necessary to study a step further.

代谢病中的“痰瘀综合症”初探——288 例分析

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作者已报告过，深圳地区文职人员 3249 例血甘油三脂、血胆固醇、血尿酸，空腹血糖高于正常者分别为 22.8%、6.6%、18.9%、8%。而 460 例普通深圳人上述指标分别为 16%、5.2%、13.9%、1.96%。除胆固醇外均有显著的差异（P＜0.01～0.05）。

调查中，发现上述代谢指标异常者的各种见证与痰、湿、瘀、浊气有关。如舌苔厚腻，舌质胖胀，面红油光，疲乏身重，多汗怕热，大便粘滞，手掌红厚，肥胖，尿黄浊臭，痰核喉蛾，痤疮，眩晕，胸闷，腹胀，口臭等等。上述见证的发生率高达 10～82.6%的证候 16 项，共计 46 分。计分＞24 分者，诊为痰瘀综合症。

选例为代谢病中因痰湿而生瘀的 288 例。其中，男：女＝242：46。年龄 20～30 岁的 26 例，30～40 岁的 78 例，40～50 例的 88 例，大于 60 岁者 12 例。

一、288 例见证，以舌苔厚腻、舌质胖胀，面红油光，疲乏身重，多汗怕热，手掌红、大便粘滞为最多见。尿浊、口臭、痤疮、痰核喉蛾次之。

二、288 例的血甘油三脂，血胆固醇，血尿酸，空腹血糖高于正常者，分别为 38.9%（152 例），11.1%（32 例），22.9%（112 例），10.7%（31）例，前三者大大高于文员组与普通人员组（P＜0.05～0.01）。288 例中上述一项以上不正常者共 237 例，高达 86.1%，说明痰瘀综合症与血脂，尿酸，糖代谢的异常有较高的符合率。

三、288 例中，发现脂肪肝 64 例，胆石 14 例，肾结石 26 例。（其中多发性肾结石 7 例），特别要提到的是其中 86 例尿钙与尿肌酐的比值大于 2.6 者，占 24.4%，24h 尿钙大于正常值者高达 37 例，占 43%。　对预防石淋有一定意义。

Observation on Phlegm—Blood Stasis Syndrome in Disease of Metabolism

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The author has reported that, among the 3249 brain workers in Shenzhen district, the incidences of abnormally elevated blood triglyceride, cholesterol, uricacid, fasting blood sugar are 22. 8%, 6. 6%, 18. 9%, 8% respectively. While the same parameters among the general population are 16%, 5. 2%, 13. 9%, 1. 96% respectively. All are significantly different (P<0. 01—0. 05) except cholesteral. On observation, the author found that above mentioned abnormal targets have relation with phlegm, warm—evil, blood stasis, turbid substance. For example, thick fur corpulent tongue, red complexion, weary and heavy sensation of the body, hyperhidrosis and aversion, sticky stool, red and thick of palm, fat, yellow and odorous urine, subcutaneous nedule tonsillitis, acne, dizziness, oppressed feeling in chest, abdominal flatulence, halitosis and so on, Among the above symptoms, these are 16 kinds with an incidence as high as10—82. 6%. The total grade is 46, A patient with the grade above 24 should be diagnosed as phlegm—blood stasis syndrome. Among the 288 cases, the incidences of abnormally elevated blood triglycemide cholesterol, uric acid and fasting blood sugar are 38. 9%, 11. 1%, 22. 9% 10. 7% respectively. The first three rates are much higher than the brain worker and general population (P<0. 05—0. 01). Among the 288 cases, the ones with at least one above parameter abnormal are 237 cases, the incidence is as high as 86. 1%. It shows that the phlegm—blood stasis syndrome is closely corelated with abnormal metabolism of blood lipid, uric acid and carbohydrate. Among the 288 cases, 64 cases of fatty liver, 14 cases of cholelithiasis, 26 cases of renal lithiasis are found. It should be emphasized that 86 cases (24. 4%) with a ratio of urinary calcium to urinary creatinine higher than 2. 6; 37 caces (43%) with an abnormally high urinary calcium. Phlegm—blood stasis syndrom existed, but it is different from blood stasis and common phlegm wetness—heat. At present. blood stasis had consensus of national standard. Phlegm— blood stasis did not have, I hope comrade probe into it together.

中医辨治糖尿病临床观察

中原油田物探公司职工医院　王洪绪　贺丽琼

本文按照 WHO 糖尿病诊断标准，对 62 例 NIDDM 进行辨证施治。燥热伤阴型用玉女煎加减；气阴两虚型用消渴方加减；湿热困脾型用连朴饮加减；肾阴阳两虚型用金匮肾气丸加减；痰瘀阻滞型用血府逐瘀汤加减。在治疗过程中配合饮食疗法、疗程为 12 周。临床缓解 22 例，占 35.5%，显效 31 例，占 50%，有效 6 例，占 9.6%，无效 3 例，占 4.9%，总有效率为 95.1%。

Clinical Observation in Curing DM With Chinese Treatment Based on Differentiation of Syndromes

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The article introduces the diagnosis and treatment based on differentiation of syndromes of 62 cases of NIDDM diagnosed according to WHO diabetes diagnosis standards and from clinic and laboratory work: (1) Impairment of Yin by dryness—heat using Gypsum Decoction (Yunu Jian) to clear stomach—heat and nourish Yin; (2) Deficiency of vital energy and Yin using the recipe for diabetes to replenish vitalenergy and nourish Yin; (3) Retention of wetness—heat evil in the spleen using the decoction of coptis and magnolia (Lianpu yin) to invigorate the function of the spleen, antipyrete and relieve wetness —heat; (4) Deficiency of vital energy and Yin of kidney using Jinguishenqi Wan to invigorate vital energy and Yin and tonify kidney; (5) Stasis of phlegm and blood using Decoction for removing blood stasis in the chest (Xuefu Zhuyu tang) to promote blood circulation, remove blood stasis and phlegm. During the treatment, diet restriction was used as supplementary treating method. After a 12 week course of treatment, clinically mitigated: 22 cases, 35. 5% of the total; distinactly improved, 31 cases 50%; improved in a certain degree, 6 cases 9. 6% ; no improvement 3 cases 4. 9% ; the total effective rate is 91. 5%.

2080 例糖尿病患者临床证候调研报告

河南中医学院一附院　张廷群　李　瑛　刘宏选
河南省新乡医学院一附院　韩　清　孔祥梅
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症候学是中医诊断的优势．目前在糖尿病的中医诊断方面，时代已向我们提出了更高的要求，为促进糖尿病中医辨证的科学化及规范化．作者对中原地区 DM 患者进行了广泛地随机调查，重点调查了患者就医时的症状表现，共调查 2080 例，统计结果表明目前消渴病的症状谱已有很大变化，乏力倦怠者占 75.72%，占第一位。口渴多饮者占 57.89%，位居第二。前者频率明显高于后者（P<0.01），提示“气虚”的病机比“阴虚燥热”病机对消渴病更具有广泛更重要的临床意义。从而证明了传统的“三消”辨证及“阴虚燥热”病机观的片面性及局限性。支持了现代老中医祝谌予老师的新的病机观。

Report on the Investigation of The Symptomatology of 2080 Cases of Diabetes

Zhang Yanqun. et al
First Hospital Affilicated to Henan College of TCM

Symptomatology is one of the advantages of diagnosis of TCM. In order to make the diagnosis of diabetes of TCM more specific and more scientific, the author has made a random but broad investigation into the situation of DM in the center part of China. And the emphasize was laid to the symptoms of the 2080 DM when they received treatment. The stasistical results show that the symptom spectrum of diabetes has changed greatly. Of all the patients studied, 75.72% has the symptom of thirstiness and frequent drinking of water. The frequency of the first symptom is much higher than the second one ($P < 0.01$), It indicates that the " deficiency of Qi" is a more useful and important index to the diagnosis of diabetes than the " deficiency of Yin" and " dryness and heatness", The results support the new pathological mechanism of teacher Zhu Shenyu, a modern physician of TCM, and it was also made clear that the traditional pathological mechanism concept of " SanXiao" as well as the " deficiency of Yin " and the " dryness and heatness" is limited and not thorough.

消渴化瘀片治疗老年糖尿病39例临床报告

解放军总医院中医科　郝爱真　孙　随　路军章

本文总结了从1987年以来在应用自拟“消渴化瘀汤”治疗老年糖尿病的基础上，又研制“消渴化瘀片”临床治疗观察39例，并与22例服用益气养阴汤剂作对照，所选用病例均为本院门诊或住院确诊的糖尿病患者，其中治疗组39例，对照组22例。治疗方法：治疗组以消渴化瘀片（由生芪、山药、苍术、元参、生地、枸杞子、丹参、赤芍、益母草、当归、黄精、地骨皮等组成）每片0.3，每次10片，1日3次口服。对照组以益气养阴汤剂（由生芪、山药、苍术、元参、花粉、麦冬、黄精、生地、枸杞子、地骨皮等药组成）每日一剂，水煎分2次服。以上两组均以3个月为一疗程。若病情较重，病程较长者，原已长期服用降糖西药者，暂时续用，待取得疗效后递减。通过两组治疗前后临床症状改变的比较，治疗组总有效率为94.35%，显效为73.85%；而对照组总有效率为76.78%，显效为55%。两组空腹血糖和餐后2小时血糖治疗后与治疗前自身比较，均有极显著的差异（$P<0.001$）但治疗组优于对照组。体会：老年糖尿病多为气血虚少，燥热内生，精不化气，无力运血，终致阴津亏损，气虚血瘀。故临床大多见有口干、口渴，倦怠无力，肢体麻木，舌质暗红而少津，脉沉细弦涩等症状。若单纯投以益气养阴之品，则瘀血难去，证势不减。故治疗上唯有益气养阴，活血化瘀，才是从本缓图之治，故取得了较为满意的疗效。

The Treatment of Senile DM by Xiaokehuayu Tablet

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The experimental group are treated with self－designed " Xiao Ke Hua Yu Tablet" (Composed of milkvetch root, Chinese yam, atractylodes rhizome, scrophularia root, dried rehmannia root, wolfberry fruit, red sage root, red peony, motherwort, Chinese angelica root, siberian solomonseal rhizome, wolf berry bark, et al). 0. 3g/tablet. 10 tablets a time, 3 times a day. The control group is treated with Yi Qi Yang Yin decoction (composed of milkvetch root, Chinese yam, atractylodes rhizome, scrophularia root, trichosanthes root, ophiopogon root, siberian solomonseal rhizome, dried rehmannia root, wolfberry fruit and wolfberry bark, et al). One decoction a day, divided into 2 times. The total effective rate of the experimental group is 94. 35%, much better than the control group. Most of the senile DM are deficient in vital energy and blood, so that the endogenous dryness heat produces, the essence can't transfer into vital energy, thus the blood can't be transported effectively, so that the Yin fluid and Qi has been deficient. blood has been stasis. So most of the patients show the symptoms of polydypsia, weakness, numbness of limbs, purple tongue proper, lack of saliva, deep, thready taut uneven pulse.

降糖固本胶囊治疗Ⅱ型糖尿病60例近期疗效观察

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降糖固本胶囊是我院老中医从法滋教授的经验方，由人参、山萸肉、生地、黄连、三七粉等组成。本文观察了60例Ⅱ型糖尿病的疗效，总结出本方具有益气滋阴、清热泻火之功效，并能提高人体免疫功能，抑制血糖、降低血脂，临床总有效率达80%。一般以三个月为一疗程。疗效好者可连续服用。先不停原服西药或渐停西药。应注意饮食治疗、体育运动。

Capsule" Jiangtangguben" Treating NIDDM————Clinical Observation of 60 Cases

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Capsule" Jiangtangguben" is a national prescription constituted by Pro. Cong Fazi, the head of the department, it formed by ginseng, dried rehmannia root, coptic root,

powder of notoginseng, et al. The auther used it to treat 60 cases of NIDDM, and found the prescription may lower blood sugar level ($P<0.01$) and blood lipid. In the theory of TCM, this prescription has effect of replenishing vital energy and nourishing Yin, clearing pathogenic heat and purging fire. The total effective rate is 80%. A course has three months, those who have better effect could continuously use this capsule, the west—medicine may be with drawn gradually. At the same time, more attention should be paid to dieting and sporting.

益气止消丸治疗糖尿病236例临床观察

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用本院益气止消丸对236例NIDDM患者进行自身对照治疗，结果表明，该药对症状有明显改善，对血糖、血脂有一定程度的降低。总有效率83%。

益气止消丸主要由生黄芪、益智仁、丹参、金樱子、猪胰子等药物组成，炼蜜为丸，每次1丸，每日3次。主要功能：益气活血、健脾补肾。按中医辨证为气血不足，脾肾两虚的病人，在运用西药效果不理想时，加用益气止消丸，其疗效明显优于单纯服用西药者，改善症状尤为显著。临床应用安全无毒副作用。

Clinical Observation on the Effect of Yiqizhixiao Pills in 236 Cases of Diabetes Mellitus

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The author treated 236 cases of diabetes with Yiqizhixiao pills which were prepared according to a formula of the University, and the results showed that the patients' conditions were obviously improved and the levels of blood sugar and blood lipid were decreased to a certain degree, and the total effectiveness was 93% ($P<0.05$). The Yiqizhixiao pills mainly contain astragalus root, bitter cardamon, coix seed, trichosanthes root, pig pancreas, and honey etc. totally ten kinds of medicine, which possess the effects of tonifying Qi and kidney, strengthening spleen, and curing diabetes. The patients were diagnosed according to TCM syndrome differentiation and were given the Pills when their conditions were not ideally improved after taking the western style medicine. As a result, the conditions were soon improved, the course of treatment was shortened, better clinical effect was obtained without toxic and side actions, and this clinical observation could serve as a reference for the treatment of diabetes.

针药并用治疗糖尿病

中国中医研究院广安门医院　路喜素

糖尿病是当前难治性疾患之一。路志正教授针药并用治疗本病，取得了较满意的疗效。

他认为：本病是由于脏腑功能失调，使机体阴阳，气血，津液失于相对平衡与稳定，导致胰岛素缺乏，引起糖代谢紊乱所发。根据不同证候，研制出系列药品。

他指出：阴虚——是糖尿病热淫伤津最重的证候；脾肾两虚是治疗糖尿病的关键时期；阳虚——是脾肾两虚的进一步发展；人体通过自动调控，保持内环境的相对平衡与稳定。

To Treat DM With Acupuncture and Chinese Herbs

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Diabetes is one of the diseases which are very difficult to cure at the present time. Prof. Lu Zhizheng has obtained satisfactory curative effects with combination of acupuncture and Chinese herbs. He holds that diabetes mellitus resulted from functional dislocation and deline of viscera, which tips the balance and weakens the stability of Yin and Yang, Qi, blood and body fluid and leads to scarcity of insulin secretion and disturbance of carbo-hydrate metabolism. He has developed and made a series of the new patent tablets in the light of different syndromes. He indicates that (1). Yin deficiency is the most serious syndrome of diabetes; (2). the syndrome of deficiency of spleen and kidney marks the crucial stage for treating diabetes; (3). Yang deficiency syndrome is derived from the syndrome of deficiency of spleen and kidney; (4). Comparative stability and balance of the internal environment of the human body can be maintained through self-adjustment.

益气活血化瘀法治疗Ⅱ型糖尿病（附45例分析）

广东省江门市中医　林瑞石

Ⅱ型糖尿病（NIDDM）以气阴两虚为主，而兼有气滞血瘀者多。按照辨证求因，审因论治的原则，我们临床采用益气化瘀法治疗Ⅱ型糖尿病45例。本组病例均符合WHO诊断标准的Ⅱ型糖尿病人。使用益气活血化瘀药：主方：人参100克、田七70克、血竭30克、琥珀30克、黄芪100克、川连60克，以上药物研成细粉末装入胶囊备用。每个胶囊为0.5克、每次服1.5克、每天服3次。服用本药之前全部停用一切其他降糖药物，但仍控制饮食。按常规测空腹血糖、尿糖以及测75克OGTT、24小时尿糖定量。服药期间每月复查，连续半年为一疗程，总有效率为86.6%。口渴多饮、多食、多尿诸症全部消失。人参益气生津为主、佐以黄连清燥解渴，人参与黄连具有降低血糖、抑制糖原异生、促进糖酵解作用，而黄芪对血糖有双向调节作用，从而使高血糖水平下降。活血化瘀治疗对成纤维细胞具有抑制作用，可减轻胰腺组织纤维化，使血循环得到改善而达到从病理改善Ⅱ型糖尿病者的目的。本组治疗后观察到餐后2小时、75克OGTT有明显的好转。认为此与胰岛细胞功能好转有关，显示出较满意的治疗效果。故此法乃是治疗Ⅱ型糖尿病较好的治疗方法之一。

A Clinical Report on 45 Cases of NIDDM Treated With Therapeutic Method of Benefiting Vital Energy and Removing Blood Stasis

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As deficiency of both vital energy and Yin associated with energy—stagnation and blood stasis is the main syndrome of NIDDM, the author treated 45 cases of NIDDM with therapeutic method of benefiting vital energy and removing blood stasis. Eligibility for the treatment was based on WHO criteria for the diagnosis of DM, all were diagnosed as NIDDM by physical examination and laboratory test. Formula: Radix ginseng 100g, Radix notoginsen 70g, Resina draconis 30g, Succinum 30g, Radix astragali seu hedysari 100g and Rhizoma coptidis60g. All the above drugs are ground into powder and prepared into capsulae, each weights 0. 5g. The patient took three capsulae each time, three times a day. During the treatment all were asked to stop taking other hypoglycemic compound and given diet restriction. Six months was a course of treatment. Fasting blood glucose and standard oral glucose tolerance test was done once a month. The total effective rate was 86. 6%, main symptoms weredisapeared and standard oral glucose tolerance were improved. The results suggest that this therapeutic method had good effect in treatment of NIDDM.

鲁东降糖1号片治疗糖尿病临床与实验研究

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鲁东降糖1号片系我所根据降糖1—4号方筛选、组合，自制的一种中成药片剂，具有益气养阴、活血化瘀功效。临床表明，该药治疗糖尿病可使症状改善和消失，血糖、尿糖减少，总有效率87.5%；实验也证实了本药对四氧嘧啶糖尿病模型具有很好的降糖作用，并能清除模型体内过氧化脂质(LPO)和抑制LPO增高对血管的损害，降低血液粘稠度，改善血液流变学特性，提高机体对应激状态的反应力和耐受力，是降低血糖、改善临床症状，减少糖尿病血管疾病产生的较为理想的中成药制剂。

Study of Basic Experiments and Clinical Practices of Ludong No. 1—Tablet in Treating Diabetes

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Ludong No. 1—tablet is a sort of synthetic tablets of TCM made by our institute,

which was made from various Chinese herbs, being based on prescription of reducing glucose tablet 1——4. It is of the efficiency to activate blood circulation and remove blood stasis, invigorate Qi and nourish yin. From June 1992 to June 1993, we had been engaging in the study of both basic experiments and clinical practice. The clinical practice showed that this medicine could act on diabetes very effectively, make clinical symptoms of diabetics improved or vanished, lowering blood glucose and urinary glucose, and have an effective rate of 87. 5%. The basic experiments also showed that this medicine could reduce blood glucose greatly to the model of quadr—oxygen pyrimidine induced DM, eliminate LPO in a model body, lower viscosity of blood, enhance reaction capacity and endurance of blood to some urgent situations, In a word, this medicineis one of the most ideal synthetic traditional Chinese medicines to lower blood glucose, improve clinical symptoms, and hinder occurrance of other diseases caused by diabetes.

高原地区老年糖尿病的中医临床特点——附 30 例报告

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通过西宁地区（海拔 2，261 米）30 例Ⅱ型老年糖尿病患者的临床资料分析，认为高原地区老年患者的基本临床特征是气虚血瘀，燥湿共济，脏腑阴阳失调。具体表现为：1. 宗气不足，阴津亏损为本，血行不畅，瘀血内阻为标；2. 痰湿体质，体重超重者居多，但燥盛津伤症状又较明显，燥湿共济突出；3. 脏腑阴阳失调，并发心律失常，咳喘痰饮，高脂血症者居多，并发胸痹者预后较差。

高原缺氧环境是老年患者上述特征产生的原因。采用益气养阴，活血化瘀为主的通补兼施治法取得了良好的效果，并提出进一步研究高原环境下老年糖尿病及其并发症的特点与中医药防治，对于提高疗效，延长患者寿命均有现实意义。

A Research on the Clinical Feature of Patients With Diabetes in Plateau——Attach the Report of 30 Cases

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In this paper, the clinical data of 30 cases of aged patients who suffered from NIDDM in Xining area were analyzed. As a result, it was considered that the essencial clinical feature of those patients were the deficiency of vital energy and blood stasis, unblame of dryness and wetness evils, disturbance of Yin—Yang in the viscera and bowels. The manifestations are: (1). Deficiency of inital—energy and Yin fluid as the fundamental, stagnation and stasis of blood as the incidental. (2). Many of them were suffered from phlegm—wetness and over body weight, the symptom of evil dryness and deficiency of fluids or dryness wetness were significant. (3). The patients who were disturbanced of Yin—Yang in the viscera and bowels often complicated with arrhythmia, cough, with dyspnea, phlegm—reteation and hyper—lipoidemia. The patients who were complicated with chest pain frequently had a worse prognosis. The features of aged patients with diabetes in the environments of plateau hypoxia mentioned above were analyzed and ob-

tained a well results by invigorating the vital energy and nourishing Yin, promoting blood circulation to stop pain. Of all showed that TCM could play a role in increasing the therapeutic efficacy and prolongation the life of aged patients with diabetes in plateau.

新方降糖药灸治疗Ⅱ型糖尿病100例疗效观察

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采用自拟一功降糖药灸，以本人"三焦的实质脏器即胰腺"的理论为指导临床治疗Ⅱ型糖尿病100例，在治疗过程中未服或停服中西药物者64例，减量服药者29例，用量不变者7例，疗程最长者为3个月，最短为一周，治疗结果为：血糖恢复正常者16%，显效45%，有效31%。无效8%，总有效率为92%。特别值得注意的是其中约有10%的患者在停止治疗并放开饮食的情况下，血糖仍能较长时间保持正常。为治疗Ⅱ型糖尿病提供了一种经济、简便、疗效高且无打针服药之烦的外治新方法。

Curative Effect Observations on 100 Cases of Yi－gong New Recipe Moxibustion Therapy Against NIDDM

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Under the guidance of my own theory －－－the substantive internal organ of the term Sanjiao is the pancreas, 100 cases in clinical practice for NIDDM were observed, in which 64% cases took no or stopped taking their western or Chinese medicine; 29 cases reduced the amount of dosage; and 7 cases took medicine as usual. The longest period of treatment was 3 months and the shortest one was 1 week only. As to the result, 16% of the patients recovered to normal glucose content in the blood; 45% had distinct effect; 31% had apparent effect and 8% had no effect. The total effectualness is 92%. It is specially worth while to note that about 10% of the patients still held their normal glucose content for a relatively long time after they ceased their new recipe moxibustion treatment and took ordinary food and drink. Thus it provides a kind of economical, simple but high curative effect external therapy and avoids the trouble some injection or acupuncture and taking medicine for curing NIDDM.

糖尿病瘀血与糖尿病并发症及糖尿病高脂血症相关性探讨

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糖尿病为一种常见、多发的慢性进行性脏腑功能失调的疾病。其发病的各个阶段均存在着不同程度的瘀血现象。因气虚，阴虚，气滞，寒凝，热郁，湿滞均可导致血行涩滞，无力载津，精血结聚、血液粘滞，经隧阻塞，瘀血内停等病理改变，从病因方面分析可分为阴虚血瘀，气虚血瘀，气滞血瘀，热灼血瘀，寒凝血瘀，湿滞成瘀，久病成瘀。

糖尿病并发症是随糖尿病的慢性过程而发展起来的血管与神经等诸多内脏方面的病变,常见于中、晚期患者,由于气阴两虚,络脉瘀阻,此时瘀血现象尤为显著。糖尿病高脂血症,多见于脾肾两虚,肝失所养,湿邪内阻,血行不畅,瘀血胶结,著于血脉。可见均与瘀血密切相关。瘀血既为糖尿病病因之一,又为糖尿病中的病理产物,亦为糖尿病并发症之主因。

研究证实,糖尿病患者存在有血液高凝,血流迟缓,瘀血阻滞等病理改变。血液高凝状态与中医血瘀理论极为相似,因此糖尿病挟瘀与糖尿病并发症及血液流变学、微循环、血小板聚集功能,脂质代谢等存在内在联系。

临床证实复方丹参液具有清除瘀血,降低血糖、血脂和血液粘度,改善血液高凝状态,改变脏器缺血,减少血小板聚集,改善微循环,解除心绞痛和肢体麻木疼痛等作用。

The Relation Between Blood Stasis, Hyperlipidemia And the Complication of DM

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The author divided DM into different types, such as blood stasis due to Yin deficiency, Qi deficiency, Qi heat, Cold, or dampness stagnation. the complication of diabetes were mostly in the middle and final stage. The hyperlipminia of diabetes mostly due to the spleen and kidney deficiency, liver channal was lack of nourishing which lead to the block of the channal. All of these has a close relationship with blood stasis, the blood stasis was one of the main reason of diabetes and also the pathologic product of diabetes. The research had indicated that the patients of diabetes really has the pathologic changes of blood flow moving slowly. and in hypercoagul ability, which were assumed as being the same with the blood stasis of TCM theory. So the diabetes with blood stasis has the internal relationship with the complication of diabetes, the blood reheology. Microcirculation, function of blood platelet aggregation, lipid metabolism etc. The " Compound of danshen injection" has the function of removing blood stasis, reducing blood glucose, blood lipids and the blood viscosity, improving the hypercoagul ability of the blood, changing the ischemic condition of the organs, reducing the rate of blood platelet aggregation. improving microcirculation, releasing the angina pectoris and the numbness of the extremities.

老年人糖尿病防治浅议

——附38例分析

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老年人糖尿病系慢性进行性加重的终生性疾病,常多伴有血管并发症。通过对38例老年人糖尿病患者连续七年血液流变学观察发现:老年人大多数因情志失调,喜食肥甘,房室不节致肾功失调导致糖尿病,其血液流变学异常改变贯穿该病始终;其改变的程度与糖尿病症状的轻重呈正比。这对老年

糖尿病的防治提供了客观依据。采用补肾固本，活血化瘀为主要治则，对降低血糖，控制三多两少症状收到满意效果。尤其对血管并发症如高血脂、高血压、脑梗塞、冠心病有良效。

Summary Prevention and Treatment of the Old Peopoles' Diabetes——Attached Observation and Analyse of 38 Cases

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The old peoples' diabetes is a disease throughout their lives, which becomes more serious slowly. It often goes with blood vessel complication, It has been lasting for seven years to observe blood rheology and we have discovered by means of 38 old diabetics: most of the old diabetics' blood rheology abnormally run through the disease all along. It a changing extent and the propriety of diabetes are indirect proportion. It provides objective basis on preventing and treating the old diabetics. The therapeutic principle of supporting the kidney and strong thening its root, invigorating the circulstion of blood are the main adoped. It can get satisfying result in lowering blood sugar level and controling overeating, overdrinking and overurine, especially on the complications of blood vessel.

自拟降糖方治疗Ⅱ型糖尿病25例

湖南省衡阳市中心医院　周云南

1980年世界卫生组织糖尿病专家委员会将糖尿病临床分型为Ⅰ型糖尿病、Ⅱ型糖尿病。糖尿病即消渴病。根据其多饮、多食、多尿症状，总称为消渴。以口渴多饮为上消，病由上焦肺热所致；多食善饥为中消，病由中焦胃热所致；多尿为下消，病由下焦肾虚所致。但其病机则一，病机为阴虚燥热，以阴虚为本、燥热为标。根据中医用药原则，自拟降糖方治疗糖尿病25例，按照全国消渴病专业委员会制定的疗效标准。其结果；临床缓解13例；显效7例；有效3例。总有效率92%。其方组成：黄芪30克、党参30克，桑椹30克，山药30克，天花粉15克，山茱萸10克，天门冬15克，黄连10克，知母10克，五味子10克、桑白皮15克。药物加减：1. 合并心脏病加丹参、红花、瓜蒌、田七；2. 合并神经病变加皂角刺、炮山甲、木瓜、牛膝；3. 腰酸腿软加杜仲，狗脊、川断；4. 消谷善饥者加石膏。

25 Cases of NIDDM Treated With the Self-Formulated Hypoglycemic Recipe

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The author divided DM into 3 emaciation, the three types of the disease, in the upper emaciation, polydipsia, as the chief symptom, was induced by the upper heater lung

heat; In the middle emaciation, insatiable hunger is induced by the middle heater stomach—heat; In the lower emaciation, large amounts of milky urine is induced by the lower heater insufficiency of the kidney. The pathogenic mechanism of DM, is deficient Yin and dryness—heat, the former is the root, the latter is the branch. By the principle of treatment of TCM, 25 cases of NIDDM were treated with the self—formulated recipe on lowering blood glucose. According to the criteria to test the efficacy set up by DM laboratory, Dongzhimen hospital, Beijing college of TCM, the results showed recovered were 13 cases, marked effect 7 cases, effect 3 cases, and the total effective rate was 92%. The formulate were consist of astragalus root, red sage root, white mulberry fruit, Chinese yam, root of Chinese trichosanthes, dogwood fruit, lucid asparagus root, coptis root, anemarrhena, schisandra fruit, root—bark of white mulberry. The prescription was modified on the basis of different complication of the diabetes, including: firstly, complication of heart disease, red sage root, safflower, trichosanthes fruit notoginseng, were added; secondly of neuropathy, Chinese honeylocust spine, roated pangolin scales, chaenomeles fruit and achyranthes root, were added; thirdly of lassitude in loin and legs eucommina bark, cibot rhizome, and dipsacus root were added; fourthly of eating much yet ever feeling hungry gypsum was added.

Ⅱ型糖尿病中回族发病率高，但其生存质量、生存期均高于同类患者其他民族的初探

宁夏吴忠市民族医院　黄宝栋

本文通过对十名消渴病患者建立八年医疗合作关系的观察总结、阐述了回族消渴病患者的发病率要高于其他民族，但在享受同样的治疗中其生存质量却高，生存期亦长，而且并发症出现的晚，并发症症状也较单一，其原因在于：①该类型回族患者受本民族传统教育，民族意志强，具有良好的心理素质；②有利于消渴病回族患者的清真养生学——“清真饮食”、“坚守拜功”、“励行斋戒”。加服克糖方（黄连、肉桂、黄芪、当归、生地、山萸肉、丹参、合欢花、天花粉、地骨皮、葛根、五味子）。随证变化加减。

Why Is the Incidence of Diabetes of the Hui Nationality Higher Than Other Nationalities While They Can Live Better And Longer Under The Same Treatment

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Through eight years' treatment of ten diabetics, the author concludes that the incidence of diabetes of the Hui nationality is higher than other nationalities under the same treatment. The Hui diabetics can live better and longer than the others while their complication appears late and single. The reasons are: (1). The Hui diabetics of this kind have received much traditional education of its' own nation. They have strong national

will and good quality of psychology. (2). The special Muslim ways to keep in good health ———" Muslim Diet" " Going to mosgue persis tently" and" Fast" are good to the Hui diabetics. (3). Taking the sugar—control formula, the main ingredients are: Chinese gold thread, milk vetch, rehmannia, fruit of medicinal cornel, red rooted salvia, Chinese trichosanthes. Kudzuvine, Chinese magnoliavine, etc. Add or subtract some herbs depending on different situation.

青龙黄芪汤治疗Ⅱ型糖尿病125例疗效观察

河北省遵化市医院　吴学勤　张继兴

青龙黄芪汤是我们在使用民间验方胡桃饮治疗Ⅱ型糖尿病的基础上探索发展而来的。经过几年的临床观察，青龙黄芪汤组治疗Ⅱ型糖尿病125例，并与优降糖组63例做为随机对照组。结果表明：两组的总有效率分别为88.8%和85.7%，青龙黄芪汤组略高于优降糖组。根据血脂变化情况：两组间比较有明显差异（P<0.01）。根据血液流变学各项指标变化情况，可以看出，青龙黄芪汤组治疗后血液流变学各项指标均有显著或非常显著的改变。优降糖组治疗前后自身比较（P>0.05）无差异。两组之间比较（P<0.01）有非常显著性差异。通过有关指标检测结果表明，青龙黄芪汤在改善临床症状，调整脂类代谢紊乱，纠正血液流变性异常，防治合并症等方面，确优于优降糖。

Curative Effects of Qinglonghuangqi Decoction on 125 Cases of NIDDM

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Qinglong Huangqi decoction is prepared herbal decoction by pestling on the basis of treating NIDDM with the walnut decoction that is a folk recipe. Qinglong Huangqi decoction group had 125 cases of NIDDM and the result indicated that the total effective rate is 88. 08%. 63 patients with Glibenclamid treatment were taken as control group, the total effective rate is 85. 7%. . The former is higher than the latter. Two groups have remarkable difference of blood—lipids changes (P<0. 01). Several blood rheological indexes between two groups have remarkably changed (P<0. 05). QinglongHuangqi decoction is better than Glibenclamide to improve clinical symptoms, to adjust the disorder of the lipid metabolism, to cure the abnormal of the blood rheological indexs and to prevent and cure the complication etc.

糖尿病综合康复医疗

云南省红十字会医院　泰树仙
云南省种子公司卫生所　钱云璇
云南省第二建筑安装工程公司卫生所　张建华
昆明冶金公司卫生所　丁艳珠

糖尿病是一组常见的代谢内分泌疾病。中国糖尿病发生率有增高趋势，在0.6～1.0%。现已成为主要死因之一。胰岛素的应用使糖尿病人的寿命普遍延长，但其慢性合并症则日益成为损害病人健康，使之丧失劳动及生活能力的重要因素。传统医学认为本病系胃热肾虚所致，提出饮食疗法，宜少食多餐，食后小劳。与药物降糖配合，控制热量摄入，定时平衡分配并增加热量消耗以调动机体的自我调节能力。通过健康教育让患者掌握自我保健知识，心理上恬淡、平静、避免情绪波动，以利于机体恢复免疫调节和神经内分泌功能的平衡。以积极主动的态度恢复功能，防治合并症的发生和发展。以加减生脉玉液汤、六君子汤化裁、六味地黄丸或肾气丸化裁辨证施治，调节机体功能助其康复。眼部伴并发症者用地蝉汤，伴有神经病变者用养血祛风汤，伴有腹泻或胃麻痹引起呕吐者用半夏泻心汤，伴肾病者用六味汤加味，伴高血压者用桑钩温胆汤治之，控制和治疗并发症。糖尿病的康复重在免疫——神经内分泌调节功能的恢复。

Combined Restorative Treatment of Diabetes

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DM is a common disease of metabolism and endocrinology. The morbidity of DM in China is trended towards higher in the range of 0. 6－1. 0%, which has become one of the main causes of death. Application of insulin has generally prolonged the life－span of diabetics, but its chronic complications are becoming day by day the important factor of impairing patient's health thus make them disable. Traditional medicine seems that the restorative treatment and medicated food can protect and cure the occurence and development of the complications. We modified Shengmai yuye Decoction, Liujunzi Decoction, Liuwei bolus or Shenqi bolus in accordance with differentiation of symptom. Dichan decoction is to be used for those with eyes complication, YangxueQufeng decoction for those with neuropathic disease, BanxiaXiexin decoction for those with diarrhea or vomiting

caused by gastric paralysis, modifying Liuwei Decoction for those with kidney disease and Sanggouwendan Decoction for those with hypertension thus controlling and curing the complications. Restoration from the diabetes attaches importance to the recovery of adjusting functions of the immunity and nervous endocrine system.

中国当代名医治疗消渴病用药规律探析

山东荷泽地区中医院　何　刚

中国当代名医应用中医药治疗消渴病（糖尿病）积累了丰富的经验。本文收集施今墨等 27 位全国医林名宿治疗 DM 验方 42 个，从临床选药，性味归经等方面探析了其用药规律。(1) 诸名师治疗 DM 分型和处方虽不一样，但针对不同病机所选用的药物却大同小异。处方使用频率最高的前 14 味药依次是：山药、黄芪、天花粉、麦冬、生地、玄参、知母、枸杞子、党参、山茱萸、石膏、茯苓、五味子、葛根。(2) 性味以甘、寒、苦、平为主格调，旨在养阴、益气、清热。偶选甘温（或辛温）辛味或酸味药。(3) DM 的病位主要在肺、脾、胃、肾，选药以入肺经、脾经、胃经、肾经为多。其次还常选配入肝经、心经、大肠经、膀胱经的药物。

Analysis of Chinese Herbal Medicine Used by Contemporary Famous Chinese Physician in Curing DM

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Contemporary famous Chinese physicians used Chinese herbal medicine to cure DM and accumulated rich experiences. This paper gathered 42 proved recipes from 27 famous Chinese medical doctors, such as Shi Jinmo, et al. It analyzed the medicine usage from drug selection, drug flavour, drug nature and attributive channel. Although the famous doctors use the different prescription to cure DM, they select almost the same drugs, the most frequently used 14 drugs are: Rhizoma dioscoreae, Milk vetch (root) radix astragali seu hedysari, root of Chinese trichosanthes radix trichosanthis, Tuber of dwarf llilyturf radix ophiopogonis, Fresh or dried root of rehmannia radix rehmnnia, Root of zhejiang figwort radix scrophulariae, Rhizome of wind－weed rhizoma anemarrhenae, Fruit of Chinese wolfberry fructus lycii, Dangshen radix codonopsis pilosulae, Fruit of medicinal cornel fructus corni, Gypsum, Tuckahoe poria, Fruit of Chinese magnoliavine fructus schisandrae, Root of kudzuvine radix puerariae. The drug property are mainly sweet, cold, bitter, mild. It aims at nourishing Yin, supplementing the vital energy, clearing away heat. Sometimes sweet floyour, warm natured, acrid flavour or sour flavour are selected. The pathologic location of DM are in lung, spleen, stomach and kidney. so the attribution of most medicines are to lung channel, spleen channel, stomach channel and kidney channel, some medicines are attributed liver to channel, heart channel, large intestine channel and bladder channel.

抗糖胶囊治疗Ⅱ型糖尿病的临床研究

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近年来我们采用自拟抗糖胶囊对Ⅱ型糖尿病及并发症212例进行治疗，并与降糖丹对照组57例进行比较，现报告如下：1. 临床资料 抗糖胶囊组（简称中药组）212例，女94例，男118例，年龄主要分布于40～60岁之间，病程1—10年占76.9%。对照组57例，各项数据分布与抗糖胶囊组基本一致，具有可比性。2. 治疗方法 抗糖胶囊主要由丹参、水蛭、苦楝皮、生地等中药组成。具有敛肺杀虫、补气养阴、活血通络作用。每次6粒，日3次口服，2个月为一疗程。对照组常规量服降糖丹，每日3次，2个月为1疗程。3. 治疗效果 中药组212例，结果获显效98例，占46.2%；有效77例，占36.3%，无效37例，占17.4%。对照组57例，显效6例，占10.5%；有效28例，占49.1%；无效23例，占40.3%。4. 体会 糖尿病以阴虚为本，兼有气虚血瘀。长期临床观察笔者认为寄生虫也是导致该病的又一因素。因此拟本胶囊补气养阴，敛肺杀虫，活血化瘀。本胶囊能明显改善病人症状，降低血糖，改善微循环，为一种防治糖尿病及其并发症安全有效的中药制剂。

The Clinical Research on Treating NIDDM with Anti—Diabetes Capsule

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In recently years we used anti—diabetes capsule made by ourselves to cure 212 cases of NIDDM and its complication while comparing with the other group which has 57 cases of NIDDM, and these were treated with Jiangtang pellet. The method of treatment: The anti—diabetes capsule is mainly made up of salvia miltiorrhiza hirudo nipponica, rehmannia glutinosa the skin of molia azdarach, etc. It has the function of treating Yin deficiency by reinforcing body fluid nourishing the blood, invigorating the circulation of blood moistening lungs and killing parasites. 6 pills are taken once three times a day, two months as a period of treatment. The compared group took Jiangtang pellet following convention 3 times a day, two months as a period of treatment. The result: In the group taking anti—diabetes capsule, 46. 2% (98 cases) got obvious effect, 36. 3% (77 cases) were effective and 17. 4% (37 cases) were invalid.

降糖欣康胶囊（系列）治疗糖尿病298例疗效观察

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按中医辨证将298例DM患者（其中NIDDM289例，IDDM9例）分为气阴两虚、燥热炽盛，肾

虚血瘀三主型；脾弱湿壅、肝郁气滞两亚型，应用益气养阴、清热解毒、固本活血、助脾运湿、疏肝解郁的中药复合制剂“降糖欣康”胶囊Ⅰ—Ⅴ号分别或联合应用，并分ABC三组进行观察，结果：显效83例；有效179例；无效36例；总有效率88%，原用西药的患者，西药撤减率达81%。认为本品具有整体调整功能，根据不同病程、不同证型，不同合并症多方单独交替或联合应用，符合疾病发展规律，从而扩大了治疗范围，提高了临床疗效。

The Observation of The Effects of 298 Cases of DM Treated With Jiangtangxinkang Capsules

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According to the differentiation of symptom－complex in TCM, 298 cases of DM (NIDDM 289 cases, IDDM 9 cases) were divided into 3 main types: (1). Deficiency of both vital energy and Yin; (2). Hyperactivity of dryness heat; (3). Asthenia of kidney and blood stasis. And 2 secondary types: (1). Deficiency of spleen and hyperactivity of wetness evid; (2). Stagnation of liver energy. The cases were treated with Chinese herbal medicine ingredients which benefit vital energy and nourish Yin, clear away heat and toxic materials, strengthen the kidneys, promote blood circulation, invigorate the spleen, eliminate wetness—evil, and disperse the stagnated liver—energy. According to the different types of differential diagnosis, different stages and different complications of the cases, it was possible to use only one capsule type, or a series of capsule types, or more than two capsule types together, to regulate the disease. The results showed an marked effect in 83 cases, some effeft in 179 cases, and no effect in 36 cases. The total effective rate was 88%. 81% of the cases which had been using western medicines, stopped or reduced their use. The capsules were deemed to have the function of adjusting the whole body. So the scope of the treatment was expanded and the effectiviness was increased.

易医心身疗法治疗108例糖尿病临床观察

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易医心身疗法是将我国古老的《周易》养生思想同中医学术思想相结合的一种方法。她融合了我国古代养生健身的做功精华及中医辨证论治的诊疗体系。我们用此法对108例Ⅱ型糖尿病患者的临床观察，疗效满意。108例Ⅱ型糖尿病患者，其中男48例，女60例，年龄在27—72岁之间，病程最长17年，最短3个月，按中医分型：阴虚型17例，气阴两虚型26例，阴阳两虚型27例，气阴两虚兼血瘀型18例，阴虚化热型20例。诊断标准：按WHO诊断标准确诊。

两种做功手段：1. 离卦心神调养功：采用静坐配以音乐导引带，在老师的指导下，应用9种不同的上肢动作，对糖尿病患者过重的心理压力及精神障碍进行调整。2. 八卦运转功：此功为站式运动功法，分9种不同体态，对治疗糖尿病患者各种慢性虚弱体征具有调治作用。易医还吾丹：中药片剂，分

四种类型。疗效：108例患者，接受治疗时间在18～65天之间。临床缓解率为17.5%，显效率为35.2%，有效率为33.4%，无效率为13.9%，总有效率为86.1%，提示易医心身疗法治疗Ⅱ型糖尿病为国内领先水平。

Clinical Observation of Yi Medical Body—Associated—Consciousness Treatment of 108 Diabetics

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Yi medical Body—associated—consciousness treatment is a combination of the keeping health idea of "YI—JING" (The book of Changes) and the theory of Traditional Chinese Medical Science (TCMS). Through using the above mentioned method we observed 108 cases of diabetics, we obtain satisfactory results: there are 108 cases of Type II Diabetes Mellitus: male 48 cases, female 60 cases, age from 27 to 72, the longest disease history is 17 years, the shortest is 3 months. According to the classifications of TCMS: Yin deficiency 17 cases, both Qi and Yin deficiency 26 cases, both Yin and Yang deficiency 27 cases, deficiency both of Qi and Yin and blood stasis 18 cases, heat evil due to Yin deficiency 20 cases.

Standards of Diagnosis: According to WHO diabetic diagnosis standards. The two maneuvers of Qigong dirigation:

1. LI GUA taking good care of mental work: Under the leading music and the advisory of the tutor, one sits still and adjusts the consciousness. By doing 9 different movements of upper arms, the mental burden of the diabetics could be eased.

2. BA GUA (The Eight Diagram) cycling work: This work is a motional work in standing state which has 9 statures. Doing this work can further the drug effect for cronic weakness of the diabetics.

Yi Medical HUAN WU DAN: It is made of pure Traditional Chinese Medicine and divided into four kinds. The total effective rate is 86. 1%.

益气养阴中药为主治疗老年糖尿病的探讨

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中年发病持续至老年或老年发病的糖尿病发病率高，多为NIDDM， 因各器官功能衰退、感觉迟钝，口服降糖西药易导致低血糖或乳酸中毒，因顾忌于此，有时不得不降低控制标准。致并发症发生发展，有的患者即使“血尿糖”等理化指标控制好，一些临床症状仍存，影响生存质量。中医药治疗DM并发症，改善症状有独特的作用。中医学认为：老年糖尿病，是因先天元气不足，后天脾胃失调，年老肾气渐衰，阴气渐亏的以气阴两虚为基础，在饮食不节、情志失调，安逸过度，形体丰盛、久病伤阴等诱因作用下而发生。且气阴两虚贯穿于糖尿病发展的整个过程。故治疗以益气养阴为主，常用

方：黄芪、二地、山药、苍术、花粉、生龙牡，偏气虚加党参、茯苓、五味子，偏阴虚加玄参、麦冬、枸杞子、首乌、黄精。临症加减，附30例住院病例报告，总有效率83.5％。

Supplement the Vital Energy and Nourish Yin as Main Method for Treatment of Senile Diabetes Mellitus With Traditional Chinese Medicine

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The morbidity rate of old people's diabetes mellitus is high. Since most organ of the old people have their function decayed, and their sensation blunted, the oral hypoglycemic agents are more earily to cause hypoglycemia or lactic acidosis. Considering the above fact, the controlling standard usually has to be reduced. Which can lead to more frequent complications. Some patients' clinical symptoms still exist even if physiological —chemical indexes (blood sugar and urine sugar et. al) were under control, This would affect life quality all the same.

Traditional Chinese Medicine has its special function in treating complication of DM and relieving symptoms. In TCM theory,, based on deficiency of both vital energy, and yin including innateness deficiency of primordial energy, postratalincoordination of spleen and stomach, and gradual asthenia of kidney and yin deficiency of the aged, was caused by revulsive factors such as improper diet, emotional disturbance, overrest and constitutional obesity and impairment of yin due to prolonged disease. The deficiency of both vital energy and yin was throughout the progress of DM. So supplement the vital energy and nourish yin was the chief therapy. The basic recipe includes: Radix Astragdi Seu hedysari, Radix Rehmanniae, Rhizoma Rehmanniae Praepartae, Rhizoma dioscroeae. In case divation to Qi deficiency, Radix Codonopsis Dilosulae, Poria and fructus Schisandrae were added. In which divation to yin deficiency, Radix Scrophulariae, Radix Ophiygonati were used extra. Modify the presciption according to different symptoms. A report of 30 cases of in—patients was attached, with a total effective rate of 83. 5%.

真武汤治疗25例糖尿病疗效观察

鞍山市铁东区中医院　张　欣　郭叶楠

《金匮》是我国现存最早的一部诊治杂病的专著．是仲景学说的主要组成部分．该书开消渴病从肾论治之先河．笔者经25例肾阳虚型糖尿病的临床观察，结果表明真武汤有较好的降糖作用，改善临床证状亦很明显。

本组病例全部符合糖尿病的诊断标准，其中男10例，女15例，平均年龄49岁，临床表现为多饮、多尿、夜间尤甚、消瘦乏力，面色光白，腰膝冷痛，大便稀溏，舌苔白腻质淡，脉沉细无力。此属肾气虚寒，命门之火不足所致宜温肾壮阳化气行水。方选真武汤。

25例肾阳虚糖尿病患者中，显效9例，占36％，有效13例。占52％，无效3例，占12％。

A Clinical Observation On the Treatment of 25 Cases With Diabetes by Zhen Wu Tang

Zhang Xin, *Guo Yenan*
Ease Area Hospital of TCM, Anshan,

Jin Gui was the earlist works for treating complex disease at present. It is main component of Zhang ZhongJing theory, this book was the first to point out treating the Xiao Ke disease from kidney, the author had a clinical observation on the 25 cases with kidney yang deficiency, the result presented that Zhen Wu Tang works more rapidly in reducing the blood sugar.

This group (25 cases) all met the standard of diagnosis for diabetes, of the 25 cases, man 10 cases, woman 15 cases, average ages 49 years. the manifested mainly by drinking a lot of liquid, often uninate, urinate more at hight, weak, lower back and leg hurts, seod soft, a pale tongue with a thin white coating pulse deep and thready, it is belong to that kidney yang deficiency, chosed the Zhen Wu Tang for treatmeat.

Of all 25 cases, 9 cases are markedly effective, 13 cases are effective, 3 cases are ineffective.

黄葛降糖汤辨治Ⅱ型糖尿病的初步观察

河南省博爱县许良医院　卢建立
河南中医学院一附院　杜廷海　吕久省

本文总结了用黄葛降糖汤（自拟）治疗26例Ⅱ型糖尿病的临床效果。通过一疗程（4周）的治疗，糖尿病显效率53.85%，总有效率84.62%，血糖由10.78±2.04mmol/L降至6.67±1.52mmol/L未发现不良反应，　认为本方具有降低血糖作用，并对其作用原理作一初步探讨。

黄葛降糖汤：天花粉20克，黄连10克，生地20克，葛根20克，苍术9克，白术9克，茯苓15克，甘草15克。

实火热盛者重用黄连15克；气阴两虚者加黄芪20克；血瘀者加丹参30克；糖尿病昏迷和有严重并发症者忌用。

Clinical Observation On Huang Ge Jiang Tang Decoction to Treat Diabetes Mellitus

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Bo Ai County Xu Liang Township Hospital
Lu Jinsheng
The First Affiliated Hospital of Hehan College of TCM

The article summarized the clinical effect of treating patients of type Ⅱ Diabetes Mellitus by Huang Ge JangTang Decoction (It is made by myself). The reselt indicated

marked improvement was 53. 5%, the total effective rate reached to 84. 62%. blood sugar decreased from 10. 78± 2. 04mmol/L to 6. 671. 52mmol/L (P 〈0. 01). After the first couse of treatment (3 weeks), and bad result was not found. Wethink that the prescription has obvious effect indecreasing blood sugar. We investigated the effect and concept originally.

高氏降糖丸对糖尿病的临床研究

解放军三〇五医院　吴登山　指导　高辉远

糖尿病是目前中老年较为常见多发的病种之一。国内外降糖药物很多，但大多有一定的副作用，并且作用单一。高辉远教授经过50多年的临床积累了丰富的经验，通过对于大量的糖尿病（即中医消渴病）病人的治疗，取得了较为满意的效果，根据他的经验，配制的高氏降糖丸，通过观察以对糖尿病Ⅱ型病人中的气阴不足，燥热伤津的病人，疗效显著。

引起消渴病的原因很多，祖国医学认为：消渴或因过食肥甘醇酒厚味致脾胃运化失职，积热内蕴，化燥伤津，或因劳欲过度，损耗阴精，导致阴虚火旺，土蒸肺胃而发为消渴。综其病机要点为：可见气阴两伤，（或阴阳具虚），本病的治则，益气养阴，清热生津，它的适应症为：用于气阴不足，燥热伤津的消渴病人，一般症状为：病人倦怠乏力，气短、自汗、消瘦、口渴多饮，口干、咽燥、多食善饥，小便量多，舌质红，舌苔薄黄，脉弦细数，也即西医的"糖尿病Ⅱ型"，病人的空腹血糖>6.80mmol/l，尿糖+－++++，无并发症的病人。此药物的组成共8种药物，剂型为水丸，每次6克～12克，每日1～3次服法，每次餐前30～45分钟，温开水送服。

观察方法：控制饮食一个月，不用任何西药、中药、中成药、症状符合中医分型的气阴两虚，燥热伤津的病人，用"高氏降糖丸"，疗程为一个月，一般连续用药3个月并随访，用药过程中根据病人恢复情况，逐渐减量，以最小剂量的药物，达到最佳的治疗效果。

Clinical Research of Treating Diabetes Mellitus with Gao's Jiang TangWan Pill

u Dengshan, Advised by Dr. Gao Huiyuan
Hospital No. 305

Diabetes Mellitus is one of the disease that happen mostly in the aged peoples. There are many kinds of medicine to treat it but they have side effects and their effects are simple. Dr. Gao Hui Yuan has gathered his rich experience after more than 50 years of practices. His Gao's Jiang Tang Wan paste pill has a very good effect for treating NIDDM.

The symptoms of diabetes show as following: The patients fell tired, become thin, thirsty, dry mouth and throat, eating many but still hungry, frequent micturation, the tongue is red with thin and yellow tongue coating, the pulse is thin and rapid. these fit the symptoms of NIDDM of western medicine.

Gao's Jiang Tang Wan consists of 10 kinds of herbs. It's a water paste pill. It's dosage and administration is : 9g a time, 2 times dayly. taken with warm water 30 minutes before breakfast and supper. It is a form of pure TCM herbs.

We observed the patients in the hospital mostly but also the out—patients. First the patients have been made a definite diagnosis of NIDDM. Their food should be controlled, no other western medicine or herbs were used. The syndrome is deficiency of both Qi and Yin, body fluid impaired by dryness heat.

They were treated with Gao's Jiang Tang Wan for 3 months and followed up. During the treatment course, according to the recovering status of the patients, the dosage will be reduced gradually to reach the least dosage but with best effect.

消渴宁治疗非胰岛素依赖型糖尿病 50 例临床研究

河南省郑州市中医院　张　勇
河南中医学院一附院　古开建
河南省医学情报研究所　石鹤峰

本研究采用滋肾阴培元气的药物为主，参以活血化瘀、化痰散结，辛温助阳之药物，配伍组成消渴宁。1992 年 3 月～1994 年 4 月，对郑州地区 50 例 40～65 岁患者（气阴两虚型为主）进行了观察研究。其中 25 例为服用优降糖血糖未获控制者，加服消渴宁后血糖明显好转；25 例为单纯服用消渴宁者，亦获明显疗效。参照 79 年兰州会议标准，两组有效率分别为 80％和 88％。临床症状显著好转，三多症状好转率为 88％以上，其余症状改善率在 75～95％之间；心电图异常者及蛋白尿等亦有不同程度的改善。服药时间最短者 45 天，最长者 679 天，均未见毒副反应。

Treating 50 Cases of NIDDM by DM Recovery Tablet——a Clinical Research

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Henan Zhengzhou TCM Hospital of China

In this artical, 50 cases of NIDDM are selected to treat by Chinese prepared medicine—DM recovery Tablet. Among them, 25 cases are from those whose curative effects were not satisfactory after having Glibenclamide and another 25 cases, received no drug theory. Both of them have gained obivious sucess. Referring to the standard designed by Lan zhou Conference of China. the general effective rate of the two groups is 80％ and 88％ respectively, the shortest time of having the medicine is 45 days. The longest one is 679 days. No toxic or side effect has been found.

"天康牌无糖安"对糖尿病患者血糖影响的临床观察

山东潍坊市冶原干部疗养院　魏守宽　杨祖田　林绍志　史学茂

以魏守宽副主任中医师为主研制开发的无糖安饮料，经十几家医院 195 例Ⅱ型糖尿病患者在不改善治疗方案的前提下，加服饮料，每日 300ml，分二次服，连服 5—7 天，结果空腹血糖由服用前的 9.76

±2.85mmol/L 下降至 8.36±2.93mmol/L，差异显著（P<0.05），达到了研制开发饮料的目的。该饮料配方中所用药物均为蔬菜、食物，因而对健康人无引起低血糖之虞。该饮料的研制成功，解决了糖尿病患者无合适饮料可用之现状，为糖尿病病人的饮食治疗开辟了一条新的途径，是临床治疗的理想辅助品，对糖尿病人的日常生活亦具有十分重要的现实意义。

Clinical Observation on the Effect of Tian Kang Trademark Wu Tang An to Diabetics' Blood Sugar

Wei Shoukuan, et. al.
Ye Yuan Cardre Sanitarium of Shan Dong Province, Wei Fang City

We have observed 195 cases diabetics treated by Wu TangAn drink. Without changing the previous treatment, the patients take this drink150ml each time, twice a day. 5－7 days as a treatment course. The fasting blood sugar has dropped from 9. 76 ± 2. 85mmol/L before treatment to 8. 36± 2. 93mmol/L after treatment. The difference is significant (P<0. 05). All the herbs in the drink can be used as food or vegetable. It provides a safe adjuvant treatment for DM.

通窍泄毒法治疗糖尿病 150 例临床观察

河南省南阳地区中医院　周旭生　廖国玉　郑　玉　曹　红

根据糖尿病人的临床特点和长期的治疗用药体会。作者认为：毒邪深伏不得透泄，是糖尿病的重要病机之一。以通窍泄毒法为主要治则，自拟参花丸方，由冰片，安息香，乳香，天花粉，人参等 10 味中药组成，治疗糖尿病人 150 例，并与玉泉丸治疗的 50 例作了对照观察。疗程 2 个月。结果临床缓解 28 例（18.7%），显效 75 例（50%），有效 36 例（24%），总有效率为 92.7%，明显优于玉泉丸组（58%）（P<0.001）。在消除临床症状的同时，空腹血糖由 12.55±3.14 降至 8.10±2.27mmol/L，24h 尿糖定量由 56.79±22.79 降至 18.93±15.3g，与玉泉丸组相比 P<0.01，疗程可缩短一半以上。对于血脂、体重和合并症症状的改善亦有良好效果。

Observation on DM Treated by Methods of Promoting Aperture and Discharging Poision ——Report of 150 Cases

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Nanyang Prefecture Hospital of TCM

150 cases of diabetes mellitus were treated by Shenhua pills, a self－formulated remedy by the principle of promoting aperture and discharging poison, composed of borneol, benzoin, frankincense, root of Chinese trichosanthes, ginseng, etc. 50 cases admin-

istered with Yuquan pills were taken as control. Each group took drugs for two months. Results showed that the total effective rate was 92.7%, obiviously superior to the control group (58%), (P<0. 001). With the all eviation of clinical symptoms, FBG declined (from 12. 55±3. 14mmol/L to 8. 10±2. 27mmol/L), UG declined (from 56. 79± 22. 79g/24h to 18. 93 ±15. 30g/24h) signficantly, Compared with control group (P<0. 01). The course of treatment was shortened for more than a half. And the blood lipids, body weight and complication were improved as well.

糖尿病与益气活血

——附43例疗效分析

济南市中医院 周家麟 王 坤 李忠远

NIDDM并有并发症收住院者43例，其中冠心病24例，周围血管病11例，缺血性脑血管病8例。以益气活血为主要治则，立方用党参、沙参、黄芪、白术、制首乌、山茱萸、刘寄奴、当归、桑白皮、地骨皮、瓜蒌等。根据消渴病（糖尿病）疗效评定标准观察了临床疗效，其结果为显效15例（34.88%），有效19例（44.18%），无效9例（20.94%）。

43 Cases of Diabetes Treated According to the Principle of supplement Qi and Activating Blood Circulation

Zhou Jialin, ang Kun, Li Zhongyuan
Jinan Hospital of TCM

43 in—patients were diagnosed as NIDDM according to the diagnostic criteria of WHO. All had complication. Among them 24 cases with coronary heart disease, 11 cases with peripheral vascular disease, 8 cases with ischemic cerebrovascular disease. Male were 24 and female 19, 9 patients were 40—49 years old, 24 patients were 50—59 and12 patients over 60. Supplementing Qi and activating blood circulation were the principles for treantment and the prescription is consist of pilse, asiabell root, plehnia, astragalus root, bighead atractylodes rhizome, fleece—flower root, dogwood fruit, serissa, Chinese angelica root, mulborry bark, wolfberry bark, and reichosanthes fruit. The result of treatment showed that 15 cases had got obvious effect (34. 88%), 19 cases got effect (44. 18%) and 9 got no effect (10. 94%). The remission rate of thirst, dysphoria with smothery sensation, dyspnea, numbness and pain of limbs reached 54—76%, cholesterol and triglyceride decreased (P<0. 01, P<0. 05), blood rheology was improved.

参麦注射液治疗老年性糖尿病 68 例临床疗效观察

云南中医学院附属医院　鲁　丽　谢　恒　龙祖宏

本文就 68 例老年性 NIDDM 患者，采取治疗前后自身对照观察方法，以参麦注射液进行治疗后，临床症状显著改善，血糖、尿糖下降，总有效率为 89.71%。参麦注射液具有良好的降糖作用，可能从整体出发调整脏腑阴阳，改善气阴虚损，改善全身情况等方面多环节、多层次、多途径的整体调节达到降糖目的。对心、肝、肾有良好的作用，无药源性低血糖等副作用。

Clinical Observation on 68 cases of Senile Diabetes Treated With Shenmai Injection

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Hospital Affiliated to Yun Nan TCM College

Diabetes mellitus, also known as Xiaoke in Traditional Chinese Medicine, is a endocrine－metabolism disease which has polycause and polysyndrome. It has more and more damage on human health today. Type Ⅱ diabetes mellitus (NIDDM) is a common type in diabetes, and the symptom is seen frequently in sixth and seventh decades of life. Senile diabetes, coming on slowly with latent progress and symptomless, is a major disease in old people.

This paper presents a results of clinical observation on 68 cases of diabetes treated with Shenmai Injection. The results has preliminary tested and verified that Shenmai Injection possesses the properties of benifitting Qi and nourshing Yin, which has a whole regulation effect of multiple links, multiple layers and multiple ways. The effect might reduce glucose level by enhancing islet B－cell function, and lower the secretion of glucagon in NIDDM. It might also adjust body immunity and improve lipid metabolism, microelement metabolism and free radical metabolism as well as the patient's general condition and symptoms. Andit has good protection action of the heart, liver and kidney without causing hypoglycemia.

试论三焦在糖尿病机理中的地位和作用

四川省内江市第三人民医院　申日新

糖尿病属于中医消渴病。对其病机还不十分清楚。历代对三焦理论争论颇多，但对三焦生理功能认识则相对一致。从三焦生理病理入手，探讨糖尿病机理，可起到提纲挈领的作用。三焦气机上下升降，有类现代内分泌纵轴理论。对三焦实质的微观研究，将对进一步揭示糖尿病机理有启迪效应。三焦理论在糖尿病机理研究中占有重要地位。

The Status and Function of Triple Energizer in the Pathogenesis of Diabetes

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Diabetes is similar to Xiaoke Disease in Traditional Chinese Medicine. The pathogenesis of Xiaoke Disease, it is still not evident. For the theory of triple energizer there are many controversy in the past time. But, for the function of triple energizer, the view points of medical scientists are agree with each other. From the research of the triple energizer, we might find the essential mechanism of DM. The ascending and descending of the Functional Activity of Qi in the Triple Energizeris similar to the modern theory of endocrine axis. Researching the essence of triple energizercan promote the research of the pathogenesis of diabetes. Therefore, the theory of triple energizer is well worth of attaching importance in the research of the pathogensis of diabets.

根据糖尿病中医分期分型对中药的选用

沈阳市第六医院　王世杰　李　宏
辽宁省人民医院　张丽君

糖尿病是一种由遗传基因决定的全身慢性的内分泌代谢性疾病，由于体内胰岛素的相对或绝对的不足引起糖、脂肪、蛋白质的紊乱，临床上以三多（多饮、多食、多尿）消瘦、疲乏无力等症状为临床主要表现。中医对本病早有认识，在公元前二世纪《素问》，《灵枢》中就有了记载糖尿病的症状，名曰“消瘅”，其后代经书中对本病均有记载，对其病因、病机、辨证施治、预防、食疗等方面均有记载论述。根据中医治疗糖尿病的分期辨证，立法，处方（方药略）

Ⅰ期　阴虚为主
（1）阴虚肝旺——→滋阴镇肝法
（2）阴虚阳亢——→滋阴潜阳法
（3）气阴两虚——→气阴双补法

Ⅱ期　阴虚化热为主
（1）胃肠热结——→清热泻火法
（2）湿热困脾——→健脾燥湿法
（3）肝郁化热——→清肝解郁法
（4）燥热伤阴——→清热滋阴法
（5）气阴两伤——→补气补阴法

Ⅲ期（并发症期）
（1）气阴两伤经脉不和—→补气活血通络法
（2）痰瘀互结阴损及阳—→温阳滋肾法
（3）气血阴阳俱虚—→补气补血阴阳双补法
（4）痰湿瘀郁互结—→活血化瘀法

Choosing Chinese Herbs According to Different Stages and Types of Diabetes Classified by TCM

Wang Shijie
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Zhang Lijun
he People's Hospital of Liaoning Province

Diabetes is a kind of chronic endoerinous metabolic disease which is decided by genetic gene, Because insulin in human body is relatively or absolutely inadequate, it results in the disturbance of sugar, lipid and protein. In clinic, this disease mainly show signs of "three more" (drink more, eat more and urine more), Pathologic leanness, tiredness strengthless and so forth. TCM began to study such kind of disease earlies, even in B. C. 200, " Nei Jing Su Wen" and " Ling Shu" had described diabetic. Syndroms called as " diabetes". After that, medical works of different dynasties all had reported such disease and expounded interms of prevention, pathogenesis, pathogenic factor and food treatment etc.

Based on the evaluation standard of stages and therapeutic effect in treatment of diabetes by TCM, and the clinical signs. We treat diabetes according to different stages and types. and adopt the following method to choose chinese drugs:

Ⅰ. The first stage

1) Hyperactivity of liver due to Yin deficiency, use the method of nourishing Yin and suppressing liver.

2) Hyperactivity of Yang due to Yin deficiency, use the method of nourishing Yin and suppressing Yang.

Ⅱ. The second stage

heat due to Yin deficiency is a leading factor.

1) Collection of heat in the stomach and intestine, use the method of clearing away the heat.

2) Surrounding spleen by dampness and heat invigorating spleen and eliminating dampness.

3) Stagnation of Liver Qi transform into heat. Use the method of removing heat from liver and relieving stagnation.

4) Impairment of Yin by dryness—heat. Use the method of removing pathogenic heat and nourishing Yin.

5) Impairment both Qi and Yin. Use the method of supplementing Qi and Yin.

Ⅲ. The third stage

1) Deficiency of Qi and Yin and disfunction of channels use the method of invigorating Qi promoting blood circulation to remove obstruction in the channels.

2) Impairment of Yang due to impairment of Yin use the method of warming Yang and nourishing kidney.

3) Both deficiency of Yin and Yang, Qi and blood, stagnation of phlegm—dampness.

观察舌象变化在糖尿病诊断治疗中的意义

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本文采用舌色比色板、HR－1 型舌色比色仪、舌体显微镜，对 213 例糖尿病患者进行了舌色、苔色、舌形态等方面的详细观察。结果：观察组舌色淡红 6 例，淡紫色 63 例，色红 38 例，色绛 43 例，绛紫 16 例，青紫 47 例，舌体胖大 75 例，舌边齿痕 22 例，瘀斑瘀点 106 例，丝状乳头减少或消失 33 例，舌苔白 5 例，苔白黄厚腻 66 例，偏苔 88 例，剥脱苔 22 例，舌红绛光滑无苔 38 例，与健康人舌象检查结果差异显著。

The Effect of Observing Tongue Changes in Appearance on the Diagnosis and Treatment of Diabetes

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In our study of tongue diagnosis, we studied the tongue appearance changes in 213 patients with diabetes, among them 126 cases are male, 87 cases female, age between 27—80 years old. All the patients showed apparent symptoms and signs of diabetes, with high level of blood suger, urine sugar. In our study, we set up two groups, normal group and control group with related diabetes.

Procedures of observing tongue changes in appearance: Two experienced doctors record in detail morphologically pathological changes, such as color and shape of tongue, tongue coat. tongue pulse, etc. The tongue color and tongue coat can be identified by using tongue colorimetricplate or type HR－1 tongue chromomenter. The morphological changes can be identified with tongue microscope.

Results: in the observing group, 6 cases with light—red tongue, covering 0. 9%; 63 with light purple tongue, 21. 12%; 38 with red tongue, 17. 84%; 43 with red purple tongue, 15. 49%; 16 with dark purple tongue, 6. 1%; 47 with blucpurple tongue, 22. 06%; 75 with fat tongue, 35. 21%; 22 with teeth prints on both sides of the tongue, 10. 32%; 106 with ecchymoses and petechiae, 49. 76%; 33 with reduced number of filiform patillae, 15. 49%; with white coated tongue, 2. 3%; 66 with white, yellow, thick and greasy coated tongue, 30. 98%; 88 with side coated tongue, 41. 31%; 22 with peeling of coated tongue, 10. 32%; 32 with red purplebut smooth and no coated tongue, 15. 02%.

Comparison of tongue morphological changes between observing group and normal control group as well as control group with related diseases:

A. Those who are studied for tongue color changes in the 213 cases of the observing

group are 207, with tongue color changes, covering 97. 19%; 208 cases with tongue coat changes, 97. 65%; 97 cases with morphological tongue changes, 45. 53%.

B. In normal health control group 7 cases with tongue color changes, 3. 5%. None of them has tongue coat or morphological changes.

C. In control group with related disease 27 cases along the 40 have tongue color changes, 67. 5%; 11 with coated tongue changes, 27. 5%; none has tongue morphoiogical changes. There are distinctively comparative differences among the three groups, $P<0.01$.

脾胃汤治疗糖尿病 53 例临床分析

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作者报告了本院收治的 100 例 Ⅱ 型糖尿病，并随机分为脾胃汤治疗组 53 例，对照组 47 例，全部病例均符合 WHO　诊断标准和中医全国第二届消渴病（糖尿病）学术会议提出的中医临床辨证标准。作者自拟经验方。脾胃汤其方组成：生黄芪 50 克，苍术 15 克，党参 25 克，茯苓 20 克，玄参 15 克，丹参 30 克，冬瓜皮 30 克，柴胡 15 克，黄连 15 克，甘草 10 克，疗效标准按 1990 年卫生部关于中药治疗糖尿病标准，结果 53 例病人中总有效率达 90.6%，明显优于对照组，作者通过本组病例的临床实践提出脾胃在糖尿病的发病中占有重要地位，在病机上以胃热、脾虚表现在消化腐热水谷的能力过强而消谷善饥，脾虚表现在运化不足，不能散精，中焦失衡，实为上下两焦病变之枢纽。情志所伤，气郁化火，木火克脾。恣食肥甘，积热于胃，伤灼于脾。劳欲过度，先天不足，后天失养等病因导致糖尿病以及糖尿病的并发症。脾虚是糖尿病最基本的病机，在糖尿病的治疗中应将补脾贯穿于整个治疗的始终。从脾胃治疗着手这一理论与传统认为糖尿病病机主要在肺胃肾脏腑机能失调，而致阴虚、燥热为病，病机强调阴虚为本，燥热为标的理论有所不同，体现了对糖尿病病机新的认识。

The Clinical Analysis of Fifty Cases of DM Treated with Spleen Stomach Soup

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We have reported 100 cases of NIDDM divided into two groups: the treated group of 53 cases, and the control group of 47 cases. The former group took spleen－stomach soup. All of the cases are up to the diagnostic criteria of DM made by the expert committee of the world Health Organization in 1980. The standard of the Traditional Chinese Medicine is referred to the clinical syndrome differentiation standard on Traditional Chinese Medicine offered by the national diabetes special committee of the Second " Xiao Ke Disease " (i. e. diabetes) Scientific Conference. We have prepared the proved recipe spleen－stomach soup. This recipe is consist of raw Scutellaria baicalensis Georgi (15g), Atracly lodes (15g), Coclonopsis pilosula Nannf (25g), Poriaeocos Wolf (20g), Scrophularia ningpoensis Hemsl (15g), Salvia miltiorrhiza Bge (30g), the skin of wax gourd (30g),

Bupleurum Chinese DC (15g), Coptic Chinesis Franch (15g), Glycyrrhiza uralensis Fisch (10g). The standard of efficacy is completely on the basis of the standard that the National Hygenic Department made in 1990 on new medicine to cure diabetes. The result showed that the total effective rate is up to 90. 6%. The treatment group is obviously better than the control group.

胜糖胶囊降低Ⅱ型糖尿病患者血糖的疗效分析

中国人民解放军空军吉林医院　王盛波　马伯良　王长友　孙德发　黄晓杰

根据消渴病湿邪致病的理论，使用以祛湿清热为主要功效的胜糖胶囊治疗Ⅱ型糖尿病，观察了该胶囊降血糖的作用。糖尿病患者随机分为三组。即胜糖胶囊组30例，消渴丸组30例，优降糖组31例。连续治疗四周。结果：用药前后血糖的变化为：胜糖胶囊组血糖下降3.09±0.62mmol/L（P＜0.01），消渴丸组血糖下降2.23±0.85mmol/L（P＜0.05），优降糖组血糖下降3.88±1.07mmol/L（P＜0.01）。组间血糖值无统计学差异（P＞0.05）。依疗效标准判定，其总有效率为：胜糖胶囊组86.7%，消渴丸组80%，优降糖组87.1%，统计学提出组间总有效率无差异（P）0.05)。依上所述，胜糖胶囊降低Ⅱ型糖尿病患者血糖的近期疗效显著。具有与优降糖相近的降糖作用。

Hypoglycemic Effect of Treating type Ⅱ Diabetes Melitus with Shengtang Capsule

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Based on dampness pathogenesis of DM, we studied hypoglycemic effect of treating NIDDM with Sheng tang capsule (STC).

The patients with NIDDM were randomly divided into three groups. The STC group included 30 cases; the Xiaoke pill group was 30 cases; the glyburide group has 31 cases. All patients took medicine for four weeks. The results showed: The blood sugar after treatment is significantly less than before treatment in STC and glyburide group (3. 09 ±0. 62mmol/L, P<0. 01; 3. 88±1. 07mmol/L, P<0. 01, respectively); but there is only slight lowering of blood sugar in Xiaoke pill group after treatment (2. 23±0. 85mmol/L, P<0. 05). The hypoglycemic effects had not marked difference among groups (P<o. o5). According to the curative standards, the effective rates of three groups were: STC group 86. 6%; Xiaoke pill group 80%; glyburide group 87. 1%, respectively.

In a word, the short-term hypoglycemic effect of STC is similar to those of glyburide and Xiaoke pill. And provide reliable clinical basis for dampness pathogenesis of DM.

糖尿病从痰湿论治

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本文就糖尿病从痰湿论治进行了理论及临床探讨。文章认为痰湿形成的病理基础虽为肺、脾、肾三脏功能失调，但以脾虚失运为其重点，而又与形体肥胖有密切关系。脾主肌肉、主四肢，人至中年，脾气逐渐虚弱，不耐疲劳，活动量减少，多余的热能就以脂肪的形式贮存在体内，渐至肥胖。“肥人多痰湿”，痰湿易于伤脾，使脾气更伤，脾失健运，更生痰湿，痰湿与脾虚形成恶性循环。Ⅱ型糖尿病多为中老年人，尤其是有2/3的病人在发病前体重超过1%，且大多数患者主要症状不典型，往往表现为痰湿诸证，故采用祛痰法治之，对36例属痰湿证的Ⅱ型糖尿病患者进行了治疗分析。结果表明总有效率为91.7%，故笔者认为Ⅱ型糖尿病确实存在着痰湿之证，燥湿化痰无疑是具有重要意义的。

Treatment of Diabetes on the Theory of Phlegm—wetness

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It is considered that the formation of phlegm—wetness in thebody of patients with diabetes is caused by dysfunction of the lung, spleen, and kidney, but mainly by the failure of spleen to transport and convert. The fat figure also has close relation with phlegm—wetness. The spleen is responsible for the normality of muscles and activity of the extremities. Usually, the spleen—energy becomes weak in people of middle age, these people feel tired easily and have less exercises than yang man. So the excess thermal energy is stored in the body with the formation of fat, and gradually cause fat figure. "fat people have more phlegm—wetness in their body". Deficiency of the spleen may become more serious because of the phlegm—wetness accumulated in the body, forming a vicious cycle. NIDDM is often seen in the middle and old people, about 2/3 of these patients have gain of their weight without tipical symptoms and signs before the onset of disease, But they often appear some symptoms and signs of phlegm—wetness. Therefore, satisfactory therapeutic effect can be obtained if the principle of removing phlegm is adoped. 36 cases of NIDDM with symptoms of phlgm— wetness were treated with herbal medicine. The results showed that the total effective rate was 91. 7%, and the average value of blood sugar was 12. 84± 2. 73 before the treatment, and 8. 78± 1. 91 after the treatment. There is a remarkable difference between them (P<0. 05), so it is true that NIDDM is a syndrome which has phlegm—wetness in the body and there is no doubt that eliminating. wetness and phlegm have great significance. However, great attention in clinic should be paid to the relations between the phlegm — wetness and deficiency of the spleen. The principle of strengthening the spleen should be applied when the deficiency symptoms of the spleen appear remarkably. It is also considered that clinical doctors needn't think it too much about dryness—heat due to Yin deficiency if the diagnosis in this type of diabetes is correct.

愈糖安口服液治疗糖尿病100例临床观察

河南省洛阳市耀华中医肿瘤研究所　付耀华

运用自拟纯中药制剂愈糖安口服液结合中医辨证理论治疗糖尿病100例。治疗方法：气阴两虚治宜补气滋阴，用Ⅰ号口服液；燥热内盛治宜清热润燥，用Ⅱ号口服液；肾虚血瘀治宜活血固本用Ⅲ号口服液。治疗结果，气阴两虚者49例，显效42例，好转4例；燥热内盛14例；显效13例；肾虚血瘀者37例，显效36例。

The Treatment of 100 Diabetes by Yu Tang An Oral Liquid

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The author used self-designed pure herb oral liquid called " Yu Tang An" to treat 100 cases of diabetes according to the TCM syndrome differentiation theory. The No, 1 Yu Tang An is used on the syndrom of deficiency of both Yin and Qi (group 1) to tonify Qi and nourish Yin. The No. 2 Yu Tang An is used on the syndrome of exuberance of dryness heat (group2) in order to clear away heat and moisten dryness. The No. 3 Yu Tang An's applied on the syndrome of kidney deficiency and blood stasis (group 3) so as to activate blood and consolidate constitution. The dosage is 30 ml a time. 4 times a day. orally administered before meal.

The results showed: 42 cases of marked effective among the 49 cases of group 1. 13 cases of marked effective among the total 14 cases of group 2. 36 cases of marked effective among the total 36 cases of group 3.

福寿降糖丹治疗非胰岛素依赖型糖尿病204例疗效观察

河南省济源市人民医院　赵功书

本文报告以自制的福寿降糖丹治疗非胰岛素依赖型糖尿病204例，临床以血糖、尿糖、临床症状等情况为观察指标，结果显效133例，占65.2%，有效39例，占19.1%。无效32例，总有效率84.3%。同时，测定了治疗前后本组的空腹血糖、尿糖等，结果显示，治疗后较治疗前有明显改善，经统计处理，差异显著，$P<0.001$。

Treatment of 204 Cases of NIDDM Patients by Fushow Hypoglycemic Pill

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Treatment of 204 cases of NIDDM patients by the self－designedFushow Hypoglycemic Pill is reported here. The clinical symptoms, blood sugar and urinary glucose were used to be the index. The marked effective rate was 65. 2% (133 cases), effective rate was 19. 1% (39 cases). The total effective rate was 84. 3%. After the treatment, the blood and urine glucose were obviously improved ($P < 0.001$). No obvious toxic and side effect to liver, heart and kidney was found.

糖尿病的中医药治疗八法简论

天津第二炼钢厂保健站　刘维钧

糖尿病属于中医“消渴”病的范畴。本文从祖国医学与现代医学对本病认识的相近之处出发，简要地阐述了中医药治疗 NIDDM 的八大基本法则及其应用原理。一、养阴济精法为滋补肾精元阴亏耗的根本法则。选择经实践或实验证实的有降糖作用的以滋肾阴为主的滋阴药物。二、益气健脾法为调整和改善人体以糖代谢为中心的代谢紊乱状态的重要法则。代表药物为人参、黄芪、苍术、山药、茯苓等。三、活血利脉法为防治消渴瘀血的病理状态的重要法则。选择有降糖、降脂、抗凝及溶栓的活血化瘀药物，以防治本病及其血管并发症。四、清热存阴法为本病早期肺胃热盛的治疗法则，通过泄热以保津存阴，代表药物为石膏、知母、黄连、地骨皮等。五、解毒除因法为祛除外邪、清泄热毒以解除诱发或加重本病的致病因素的法则。六、温阳化阴法为本病晚期阴损及阳、气虚生寒，阴阳两虚的重要治疗法则。代表方为金匮肾气丸。七、和肝固阴法为调治和改善本病的特异病理心理状态的法则。八、化浊守阴法为治疗中老年肥胖型本病患者而兼痰浊中阻的法则。总之，八法各有其应用原则和适应证，又互相联系可协调应用。本文强调中医药治疗本病仍以整体观念和辨证论治为基础，参考吸收现代中药研究成果，以利本病的控制和康复。不当之处，敬希同道赐教。

A Brief Statement of the Eight Principles of Treating NIDDM With Traditional Chinese Medicine

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NIDDM is called the emacition－thirst disease in Traditional Chinese Medicine. The article elucidates in brief the eight principles of treating NIDDM with Traditional Chi-

nese Medicine.

1) The method of nourishing Yin: nourishing the kidney—yin and decreasing blood sugar have been demonstrated to be effective in experiments and clinic practice.

2) The method of tonishing Qi and strengthening the spleen: regulating and improving carbohydrate metabolic disorder.

3) The method of invigrating pulse beat and activating the blood : preventing and treating blood stasis,

4) The method of heat—clearing therapy: clearing the pulmonic heat and stomach heat.

5) The method of dissipating heat and detoxifying: eliminating the external etiologic factors with the drugs which can dissipate heat and detoxify.

6) The method of tonifying Yang: treating deficiency of both Yin and Yang.

7) The method of reconciliating the liver: adjusting and improving abnormal psychologic state, chologic state.

8) The method of eliminating the phlegm: cleaning dampness blocked in the middle warmer.

六味地黄汤治疗糖尿病疗效观察

胜利油田石油管理局第五医院　袁学勤

笔者近几年来用六味地黄汤加味治疗糖尿病 35 例，取得了良好的效果，现介绍如下：

一、临床资料，35 例中男 23 例，女 12 例，合并心脏病 4 人，合并脑血管病 6 人，并发腹泻 3 人。化验：尿糖+2，血糖 11.1mmol/L 左右 12 人，尿糖+3，血糖 13.9mmol/L18 人，尿糖+4，血糖 16.7mmol/L 以上 5 人。

二、治疗方法：六味地黄汤加黄芪 30g，丹参 15g，苍术 10g，黄精 10g，葛根 18g

三、疗效观察与结果：临床缓解：临床症状消失，尿糖阴性，血糖 5.4mmol/L，随访 2 年未复发者。显效：临床症状消失，尿糖阴性，血糖 5.4—6.4mmol/L，随访半年未复发者。好转：临床症状基本消失，每因饮食不当而复发，经以上治疗好转者。无效：临床症状及化验检查均无明显的改善。

结果：临床缓解 18 例，显效 12 例，好转 3 例。无效 2 例。总有效率 94.2%。

体会：祖国医学对糖尿病的认识较早，积累了丰富的治疗经验。经数十年的临床经验，笔者认为糖尿病的发生发展在病机上与脾病关系密切，故临床强调治脾多获得好的治疗效果。全方有滋阴生津，脾肾互济，气阴双补，调理阴阳，活血通脉，标本兼治之功。实践证明以上诸药均有不同程度的降糖作用，从而达到临床缓解的目的。

Observation of Diabetes Treated With Decoction of Six Drugs Including Rehmannia

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In recent years, the author treated 35 cases of diabetes with the Decoction of six

drugs including rehmannia, obtaining a good result. It is presented as follow:

1) Clinical information: of 35 cases, male 23, female 12; 4 cases complicated with heart disease, 6 cases complicated with cerebrovascular disease, 3 cases complicated with diarrhea. Laboratory examination: 12 cases whose glucose in urine ++and blood sugar 11. 1mmol/L more or less, 18 cases whose glucose in urine +++ and blood sugar 13. 9mmol/L, 5 cases whose glucose in urine ++++ and blood sugar more than 16. 7mmol/L.

2) Treatment: Decoction of six drugs including rehmannia plus astragalus root (30g), red sage root (15g), atractylodes rhizome (10g), solomonseal rhizome (30g), pueraria root (18g)

3) Therapeutic effectiveness and result: recovery: clinical symptom disappeared, glucose in urine become negative, blood sugar lower than 5. 4mmol/L, following visiting for 2 years and norelapse; apparent effectiveness: clinical symptom disappeared, glucose in urine become negative, blood sugar 5. 4—6. 4mmol/L, following visiting for 6 months and no relapse; improvement: clinical symptom basically disappeared, relapsed because of unsuitable diet and being improved again by the treatment mentioned above; noeffectiveness: there are no apperent effectiveness on the clinical symptom and the laboratory examination.

Result: recovery 18 cases, apparent effectiveness 12 cases, improvement 3 cases, total effective rate is 94. 2%.

Experience: diabetes is recognized very early by Chinese Traditional Medicine, abundant experiences were, accumulated. With the clinical experience of decades of years, the author believed that the occurrence and development are closely related to the splenopathy. So if emphasizing the treatment of splenopathy, a good therapeutic effectiveness is usually obtained. The prescription can be used for reinforcing the spleen and the kidney, replenishing qi and yin, adjusting yin and yang, promoting blood circulation and invigorating pusle—beat, curing the superficiality and the origin together. The practice revealed that the drugs mentioned above have more or less the function of loweringthe suger. Thus they can be used for treating diabetes.

益气养阴清热活血汤治疗糖尿病81例临床观察

宁波市中医院 孔丽君

1985年以来收住81例糖尿病患者，均符合世界卫生组织标准，属胰岛素依赖型5例，非胰岛素依赖型76例．其中男26例、女55例．年龄28—75岁，平均54.5岁。有并发症者40例。除9例为初诊外，其余于诊前均用过不同中西药物，但空腹血糖均控制不理想。

治法：1. 饮食控制，维持原来降糖西药的用法及用量。2. 自拟益气养阴清热活血汤治疗（太子参，黄芪，山药，玄参，杞子，知母，丹参，丹皮，当归）并随证加减。

结果：显效（症状消失），空腹血糖≤7.2mmol/L或下降2.8—4.8mmol/L58例，占31.6%；有效（症状基本消失），空腹血糖<8.3mmol/L 或下降1.68～2.8mmol/L14例，占17.3%，无效9例，占11.1%，总有效率88.9%。

作者认为：脾虚肾亏是糖尿病发生的重要病理基础，血瘀贯穿于消渴病的始终。临床上应采取健脾益气，滋肾养阴，清热生津，活血化瘀四法并举，标本兼治。

Yi Qi Yang Yin Qing Re Huo Xue Tang to Treat Diabetes Mellitus with 81 Cases of Clinical Observation

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Ning Bo Traditional Chinese Medicine Hospital

From 1985, we have received 81 diabetic patients. All of them are diagnosed according to WHO criterion. Among them insulin dependent diabetes mellitus (IDDM) 5 cases, noninsulin dependent diabetes mellitus (NIDDM) 75 cases; F 26 cases. M: 55 cases; age: 28—75, average age: 54. 5. 40 cases had complications. Except 9 patients are diagnosed for 1st time, the others have been treated with different chinese medicine and western medicine. but fasting bood glucose can't be controlled at ideal level.

Treatment:

(1) diet restricting, hypoglycemic agents were the same as before.

(2) taking Yiqi Yangyin Qingre Huoxue Tang made by myself (Danshen Astragalus root, chinese yam, Scrophularia root, Wolfberry fruit, Anemarrhena rhizome, Moutan bark, Red sage root, Chineseangeliea root, Chinese medicine added or with drew according to symptoms.

Results: obvious effect 51 cases (symptoms disappeared, fasting blood glucose≤ 7. 2mmol/L or decreased for 2. 8 -4. 48mmol/L, urine glucose (—)) accouted for 71. 6%. effect: 14 cases (symptoms disappear relatively, fasting blood glucose <8. 3mmol/L or decreased for 1. 48—2. 8mmol/L, urine glucose decreased, accouted for 17. 3%. no effect; 9 cases. accouted for 11. 1%. The total effective rate is 88. 9%.

I think deficiency of the spleen and kidney is an important pathogenicity in diabetes mellitus. Blood stasis is always accompanied with diabetes mellitus from begining to the end. In clinic we should take strengthening the spleen and supplementing Qi, Nourishing Yin and tonifying the kidney. Clearing away heat and promoting the production of body fluid. Promoting blood circulation to remove blood stasis to treat both the incidental and the fundamental at the sametime.

中医辨证论治糖尿病20例

河南省平顶山矿务局一矿医院　张荷花

笔者在临床上观察到，糖尿病患者胃肠燥热型、肾阴亏虚型多见。郁怒伤肝是加重病情和诱发本病的一个重大因素。以此辨证治疗20例，收效较好。1. 胃肠燥热临床表现：多食易饥、渴欲多饮，大便秘结。用清胃散清胃肠燥然。2. 肾阴亏虚临床表现：头晕疲倦，腰膝酸软，失眠遗精，尿频。用六味地黄汤加金樱子、芡实、莲子。

本病切忌情志因素，因怒气伤肝是诱发糖尿病的主要原因。这是因为肝木和胆是调节情志活动的主要器官，肝之余气泄于胆，肝的经络布于两胁，肝喜条达，主疏泄，若木郁气滞，肝失疏泄，气机受阻，管道不畅，胰的内分泌进一步失调，从而使病情加重或稳定后而诱发。

Treatment Of 20 Cases Of Diabetics According To Syndrome Differentiation.

Zhang Hehua
Pingdingshan Mineral Administration Hospital
Henan Province

In my opinion, most of the diabetic types are dryness heat of gastro intestine and deficiency of the kidney yin. An important factor of inducing or aggravating the diseases is the liver damaged by stagnate danger.

The clinical manifestation of gastro—intestinal dry heat is: polyphagia, polydipsia and constipation. Qing Wei San was selected to clear away the dryness heat. The clinical manifestation of the kidney yin deficiency was dissiness, tiredness lassitude of loin and knees, insomnia, nocturnal, spermatorrhoea, and frequency of micturation.

Liu Wei Di Huang Decoction was selected with addition ofherokeerose—hip, gordon euryale seed, lotus seed et al.

Since stagnation of anger can damage the liver hence induce DM, emotional stress should be avoided.

降糖合剂治疗Ⅱ型糖尿病的疗效观察

郑州153医院中医科　李　争　杨善生　张　炬　户战亭

用降糖合剂治疗非胰岛素依赖型糖尿病53例。与对照组玉泉丸合剂治疗49例，两组均经六周治疗。结果显示：治疗组理想控制19例，一般控制32例，控制不良2例，总有效率96.2%，对照组理想控制7例，一般控制34例，控制不良8例，总有效率83.7%，经统计学处理，两组有显著差异（P<0.05）。

Clinical Observation on Treatment of NIDDM with Jiang Tang Decoction (JTD)

Li Zheng, et al
No. 153 Central Hospital of P. L. A.

102 cases of NIDDM were randomly divided into 2 groups. The 53 cases in treatment group took JTD made by ourselves while the 49 cases in control group took Yu Quan Wan Pill. The results showed that total effective rate, excellently controlled rate, generally controlled rate and uneffective rate in treatment group were 96. 2%, 35. 8%, 60. 3%, 3. 84%, respectively. While those in control group were: 83. 7%, 14. 3%, 69, 4%,

16. 3%, respectively. There was a significant difference between the two groups.

自制降糖1～5号胶囊治疗糖尿病1000例疗效观察

河南省新乡市红旗医院　张进芝　李　鑫
河南省新乡市公疗医院　田丰华

糖尿病属消渴病范畴。历代记载颇多，宋代以后，将之分为上、中、下三消，笔者依临床实践，吸收各家之精华，研制了降糖1～5号胶囊。1号主治上、中消，偏于滋阴；2号主治下消，偏于壮阳；3.4.5号治疗眼、神经，肾的并发症。所选病历为90～94年糖尿病专科门诊或住院病人，1000例中男529例，女471例，总有效率98%，其中显效63%（临床症状消失或明显好转，空腹血糖降至正常，空腹尿糖阴性）。好转35%（临床症状明显好转，空腹血糖下降1.68～4.48mmol/L）。

I型糖尿病继用或减用胰岛素，原则上停用其它降糖药物，临床依上、中、下三消及并发症的不同，分别选用1～5号治疗。

本药主要为降血糖及治疗有关并发症而设立，依中医辨证及上、中、下三消的发病机理，本着滋阴补肾为第一要义的原则，除选用益气滋阴药外，还选用有降糖作用的温热药，以求古人阳中求阴之意，处方立意较新，疗效显著，不少病人除血糖有效控制外，蛋白尿，酮体也随之消除，有的脱发后毛发再生。主方滋润中有补，清中有温，佐加疏通活血之品，在恢复人体功能的基础上，使血糖得以控制，临床疗效较好。

An Observing of 1000 Cases Diabetes Cured with Self-made Hypoglycemic Capsule No. 1-5

Zhang Jinzhi, Li Xin
Henan Xinxiang Hongqi Hospital of He Nan Province
Tian Fenghua
Public Expense Hospital of He Nan Province, Xin Xiang City

Diabetes belongs to Xiao Ke of Chinese medicine. It is recorded in many medical book in the past dynasties, and divided into upper, middle and lower Xiao after Song dynasty. According to clinical practice, the author who absorbed the experience of many experts and developed capsule No. 1-5. Capsule1's function is to cure diabetes involving the upper warmer, it has great effect in nourishing Yin. Capsule No. 2's function is to cure diabetes involving the lower warmer, it has greater effect in strengthening Yang. Capsule No. 3-5's function is to cure diabetic complications of eyes, nerve and kidney. The samples are from Medical Records of Diabetes in both outpatient and inpatient. Among 1000 cases. 529 are men, 471 women, the total effective rate is 98%; marked effective rate is 63% (clinical symptom disappeared or relieved obviously, fasting blood sugar turns to normal).

The capsules are set up for reducing blood sugar and treating complication. Based on overall analysis of the illness and patient's condition, not only choosing medicine of treating Yin deficiency but also choosing warm medicine of reducing blood sugar, in order to find the ancient's meaning—get Yin from Yang. The prescription approaches new. The

curative effect is obvious. The blood sugar is controlled, urinary protein and ketone are disappeared; hair can grow again after losing. The patients were all in hospital from 1990 to 1994. In course of treatment, the insulin wascontinued or reduced.

消糖康复饮治疗消渴病（糖尿病）100 例

山东济南钢铁总厂第三炼铁厂职工医院　文照君

笔者自拟消糖康复饮治疗 100 例，采用统一的诊断标准与疗效标准，效果满意，总有效率为 94%。消糖康复饮组成：何首乌、石膏、知母、生地、山萸肉、石斛、天花粉、葛根、玄参、黄连、地骨皮、枸杞、川牛膝、黄芪、苍术等。

Discussion of 100 Cases In the Treatment of Type—II Diabetes With Xiao Tang Kang Fu Yin

Wen Zhaojun
No. 3 Iron Factory Hospital, Shandong Jinan Steel Iron General Factory

The writer made the prescription of Xiao Tang Kang Fu Yin to have treated 100 cases of diabetes, adopt the integrated diagnositic and curative stangards, the result is satisfied, the total curative effect rate is 94 per cent. The prescription of Xiao Tang Kang Fu yin consists of fleece—flower root, gypsum, wind—weed rhizome, driedrehmannia root, dogwood fruit, dendrobium, trichosanthes root, pueraria root, scrophularia root, coptis root, wolfberry bark, wolfberry fruit, cyathula root, milkvetch root, atractylodes rhizome, et al.

应用中药“津力达口服液”替代胰岛素治疗糖尿病 30 例临床报告

石家庄开发区医药研究所　吴以岭　田书彦　张庆昌　陈金亮　韩德荣　王延泽

寻求天然中药替代胰岛素的治疗，是值得重视和研究的问题。石家庄开发区医药研究所，应用中药“津力达口服液”替代胰岛素治疗糖尿病 30 例获成功。

Clinical Report of 30 cases on Treating Diabetes by Adopting "Jin Li Da Juice" Instead of Insulin

Wu Yiling et al.
China Diabetes—Treating Center of Shi Jia Zhuang TCM

"Ji Li Da Oral Juice" was adopted to treat 30 cases of diabetes instead of insulin and all got success, which opened a bright prospect for TCM to treat diabetes.

足底按摩治疗糖尿病84例疗效观察

吉林省水利部松辽中心医院　王君丽
长春中医学院　王婉彭

采用足底按摩的方法治疗NIDDM84例，获较好疗效。治疗方法本组病人均在饮食控制的基础上加用足底按摩方法。按摩主要反射区：胰腺。辅助反射区：脑垂体、胃、十二指肠、肾上腺、肾、输尿管、膀胱、肝脏、胆囊，按摩前先涂凡士林之类油膏，先用拇指端点按法点按上述反射区。并寻找敏感点反复按压数次，继之用拇指腹滑按法按摩上述反射区。每次按摩30～40分钟，每日一次，30日为一疗程，治疗一疗程后，显效24例，有效33例，好转16例，无效9例，总有效率达86.9%。足底贮藏着人体的"根气"，为人体脏器全息的缩影，按摩相应反射区，可恢复内分泌的平衡，达到治疗疾病的作用。

The Observation on the Effect of Foot—bottom Massotherapy to Treat 84 Cases Diabetics

Wang Junli
Song Liao Center Hospital Hydraulic Power Ministry
Wang Wanpeng
Chang Chun College of TCM

In recent years, we have used foot bottom massotherapy to treat 84 cases of dia betes. The effect are satisfactory.

1. Clinical data: Of all 84 cases of NIDDM, 35 cases had taken western medicine for diabetes. 49 cases had not.

2. Method: a. the main reflexological area for massage: pan creas. b. Adjuvant reflexological area: pituitory, stomach, duodenum, adrenal kidney, ureter, bladder, liver, gallbladder. At first, use the thumb tip to press the above areas, and then, look for the sensitive area and depressing on it. 30—40 minutes for each treatment.

3. The results: According to the effective criteria of national diabetes professional commettee, after 12—45 times massage, of all 84 patients, 24 cases are markedly effective. 59 cases are effective, only one case is ineffective.

The foot bottom has the root energy of human body. It symbolizes all the body vis-

cera and organs. Massage on the reflexological area can improve the endocrine balance and therefor treat the diabetes.

运用足部反射疗法治疗Ⅱ型糖尿病40例的临床研究

北京市武警总队医院　郭其来　刘海波
北京医科大学一院　段芝琴

足部反射区健康疗法是中医学的宝贵遗产，它具有调节人体脏腑机能的作用。是进行防病治病和自我保健的好方法；此法简便易行，疗效显著，无任何毒副作用；为糖尿病的治疗增添了一个新途径、新方法。它除具有降低血糖外，还有改善血液流变性和微循环的作用。它的作用原理是综合了生物全息论原理、神经反射学说、经络学说、血液循环和生物化学等诸多效应。用此法治疗糖尿病40例，显效率23%，好转率57%，总有效率80%。此法已引起社会各界及卫生界的广泛重视，正在进一步研究其科学内涵。此疗法有很好的社会和经济效益，有推广和普及的价值。国家卫生部已批准成立了“中国足部反射区健康研究会”。

The Clinical Research of Treating 40 Cases of Diabetics with Foot Reflection Therapy

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The Military Police Force Beijing General Team Hospital
Duan Zhiqin
The 1st Attached Hospital of Beijing Medical University

Foot reflexology therapy is the precious legacy of ChineseMedicine, it can regulate the function of human viscera. It isa goodmanner to prevent and heal diseases. It is also a good way of self—conservancy. It is simple to perform and the curative effect is obvious and it has no side—effect. It provides a new pathway and newmethod for treating diabetes. (1)It can not only lower the level of blood sugar, but also improve the blood rheology and microcirculation; (2) Its mechanism includes many items such as biolography, nerve reflexology, meridian theory, blood circulation and biochemistry, etc

Using this method to treat diabetics 40 cases: The marked effective rateis 23%, improvement rate is 57%, the total effective rate is 80%. It has aroused a wide attention of the sociaty and medical circle and itis being researched in its connotation.

It brings good social and ecnomic benifit, and it has valubilityto spread. The ministry of public health has ratified the foundationof “China Reflexology Association (CAR)”, The institute are devoting to spreading and popularizing this item widly and in practically.

复方丹参注射液用于糖尿病的临床疗效观察

北京军区总医院中医科　刘　茜　沈　扬

现代报道，糖尿病已属于高粘血症疾病之一，其急症，感染已被有效控制，但其并发的微血管病

变越来越受到重视，影响着糖尿病的远期疗效及预后。据研究，糖尿病大多存在血液粘稠，血流缓慢，微循环障碍的病理表现。我们拟定活血化瘀，改善微循环的治则。从 1990～1993 年收治的 30 例糖尿病患者，在口服降糖药的基础上，用复方丹参注射液静脉给药，观察到其临床症状尤其伴发症，肢麻、胸痹、身痒等明显改善，检测甲皱微循环治疗前后差别非常显著（P<0.01），并证明疗效与临床疗效相平行。患者的血糖亦稳定下降。复方丹参注射液药效平和，治疗中未发现任何毒副作用。因此，采用复方丹参液以活血化瘀，改善微循环的方法治疗糖尿病，是提高糖尿病治疗效果的一项可取的措施。

The Observation of Clinical Effection of Compound Injection of Salvia Miltiorrhiza for Diabetes Mellitus

Liu Qian, Shen yang
Beijing Army General Hospital

It has been reported that diabetes mellitus belongs to one of hyperviscosity syndrome with the emergency and infection had been controled, we have more and more paid a lot of attention to diabetic microangiopathy in recent years. Because it could make great effection in diabetic prognosis. According to modern medical science report, diabetes often have many pathologic change with slow flow of blood and blood stasis and microcirculatory disturbance to coincide with blood stasis in TCM. So we made the therapeutic principle of promoting blood circulation and removing blood stasis improving microcirculation dysfunction, and in both treatment of Biao and Ben. In this essay, we have studied 30 cases using compound injection of Sulvia Miltiorrhiza combined oral hypoglycemic agent. We found there had been great improvement in clinical symptoms and especially in concomitant symptoms such as body mumbness, tightness and pain of the chest, skin itching, and in nail microcirculation (P<0.001). The changes of nail microcirculation has indicated the clinical improvement. The medical effectiveness of compound injection of Salvia Miltiorrhiza is gentle . We have not found any side effect. So it is very well to treat DM with compound injection of Salvia Miltiorrhiza.

降糖膏敷脐治疗Ⅱ型糖尿病 110 例临床观察

河南省驻马店地区医院　朱新勇　张月娥　张龙雨　王素琴

我们从 1988 年 7 月～1993 年 10 月，对单纯西药降糖治疗效差的 110 例Ⅱ型糖尿病患者，进行了单纯西药治疗与原西药加降糖膏（黄芪、黄精、生地、花粉、苦瓜、黄连、丹参、五倍子、猪胆汁）敷脐治疗的临床对比研究。临床观察资料表明：降糖膏敷脐疗法能显著降低空腹血糖、午餐后 2h 血糖、24h 尿糖（与治疗前相比差别非常显著，P<0.01），显著减少"三多"量（P<0.01），明显改善临床症状。总有效率达 92.72%，显效率 52.72%。无任何不良反应。解决了长期内服中药不便利的难题，为中西医结合防治糖尿病开辟了一条"简廉效捷"的新途径。通过临床观察分析，我们认为本疗法取效的关键在于：1. 正确理解Ⅱ型糖尿病病理机制，把握主导证型，按中医整体观念合理组方。2. 以脏腑经络学说为依据，选择最佳给药途径．，注重局部穴位刺激和药理效应双重作用的发挥。3. 坚持原降糖西药用法、用量不变，以突出中西药综合疗效。

The New Method of Treating Type Ⅱ Diabetes with Reducing Blood Sugar Plaster to Navel

Zhu Xinyong, *Zhang Yuee*, *Zhang Longyu*, *Wang Suqin*
The Hospital of the Zhumadian Prefecture, Henan Province

From Jul. 1988 to Oct. 1993, we made a lot of research and tests to 110 cases of type Ⅱ diabetics, who had little effective treatment only with the Western medicine. We contrasted the result treated only by western medicine with the result treated by the same prescription and the reducing blood sugar plaster (chrysanthemeom, sealwort, coptis chinensis, Rehmannia glutinosa, pollen, Balsampear, Salvia miltiorrhiza gullnut, Schisandra chinensis, Pork bile) to navel. The data of clinical observation suggests: the method of the plaster to navel can lower FBG remarkablelyand postprandial glucose and quantitative for glucose in urine in24h. The syndrome of polydipsia, polyphagia was improved. The total effective rate is 92. 7% and the rate of notable results is 52. 72%. It has no side reaction, and has settled the problem which the patient takes the Chinese medicine for a long time. The method has opened a new way for the treatment of diabetes with the combination of Chinese medicine and Western medicine.

Analysing the clinical observation, we think the effective method lies in the following three points:

1. Understanding the pathology mechanism of type Ⅱ diabetes. Marking up the reasonable prescription according to the conceptof the organism as a whole.

2. Based on the theory of vicera and bowels and the concept and content of the channels and collaterals selecting the best way to providethe medicine and paying attention to the elaborate of local acupoint stimulate and medical effect.

3. Remaining the dosage of hypoglycemic agents so as to show thecomprehesive effect of the treatment of Westernand Chinese medicine.

尿糖康胶囊治疗糖尿病 42 例临床观察

云南省红十字会医院中医科　贾　云　杨一中

运用益气生津，健脾补肾，滋阴清热，活血化瘀之胶囊，提高机体的免疫机能，调整内分泌失调及代谢紊乱，促进血液流通，改善组织灌流，从而降糖，降脂治疗非胰岛素依赖型及并发冠心病，脑梗塞，T4 型甲亢，高血脂症，高血压、周围神经病变、闭经取得较好的疗效，使非胰岛素依赖型糖尿病人去掉了长期依靠降糖药物来临时控制病情的状况。

Observation of 42 Cases of Diabetes Cured with "Diabetes Pill"

Jia Yun
Yunnan Provincial Red—cross Hospital

The pill has the effect of benefiting vital energy and promoting the production of body fluid, invigorating spleen and kidney, strengthening Yin and clearing away the heat—evil, activating blood circulation to dissipate, increase immunity function of body, adjust the disturbance of endocrinopathy andmetabolism, advance blood circulationand tissue perfusion, so that it can decrease blood glucose and lipid. In field of treating diabetes mellitus (undependent insulin) and complications such as coronary heart disease, cerebral infarction, T4—hyperthyroidism, hypertension, peripheral nerve disease, hyperlipemia etc, we have acquired better result.

糖尿病患者体外血栓模拟试验的初步观察

潍坊市冶源干部疗养院　史学茂

本文利用Chandler体外法观察体外血栓形成，通过对50例糖尿病患者及健康人对照组检测表明，其湿重、干重与对照组相比有非常显著差异（P<0.01），长度有显著差异（P<0.05），并观察不同分组血栓变化．证明：瘀血现象存在于糖尿病早、中、晚各期，故活血化瘀法应自始至终。

The Preliminary Observation of Imitate Test for External Thrombus From Diabetics

Yang Fuzhi, Wang Qingtu, Shi Xuemao,
Lou Yuhua, Wei Shoukuan, Lin Shaozhi, Wei Airong
Cadre Sanitarium for Yeyuan, Wei Fang City

The author had observed the formation of the external thrombus by the method of "chandler". The result of 50 cases of diabetics compaired with 50 cases of healthy people showed: There was markedly significant difference of the wet weight and dry weight of thrombus between the two groups ($P<0.01$). There was significant difference of the length of the thrombus between the two groups ($P<0.05$). The observation of changes of the thrombus in various stages mentioned that blood stasis existed in early, middle and later stage of diabetes mellitus, thus the method of promoting blood circulation and removing blood stasis should be adopted from the begining to the end of the whole duration.

降糖饮对高血糖动物降糖作用的实验研究

安徽中医学院药理实验室　李中南　汪远金　王钦茂
安徽中医学院附属医院　王正雨　方朝晖

降糖饮是安徽省著名老中医，安徽中医学院附属医院中医内科王正雨教授的验方。本文重点研究了降糖饮对四氧嘧啶所致大鼠、小鼠高血糖动物模型的实验研究及对高脂血症模型的影响。结果表明：降糖饮组与四氧嘧啶组比较，则血糖明显降低且优于消渴丸组（P<0.01）。用四氧嘧啶造型后，动物体重明显下降，　降糖饮对大鼠、小鼠体质恢复有较好的作用。推断本文有利于促进未被损伤的胰岛β细胞分泌更多的胰岛素，致血糖下降。

实验结果还表明，降糖饮组与高脂模型组比较，则血脂各项指标呈同步下降趋势，证实本方有较好的降低胆固醇，甘油三脂及低密度脂蛋白的作用，提示本方对高血糖，高血脂症均有明显改善。

Experimental Study on the effect of Jiang Tang Ying in the Model of Hyperglycemic Animals

Li Zhongnan, Wang Zhengyu, et al.
Anhui College of TCM

This medicine is developed from the famous doctor of TCM, Wang Zhengyu's experiential prescription. The hyperglycemia model was made by giving pyrimetetroxide to mice and rats; The hyperlipidemia model was given cholesterol—rich food. We observed the effect of JiangTangYin (JTY) on the above models. It is found that JTY can reduce the glucose and superior to the control group XiaoKeWan. It can restore the general condition of experimental animals. The results suggested that JTY might facilitate the uninjured pancreas islet B cell secreting more insulin, thus reduce the glucose. JTY can also reduce blood lipid. This indicated it can markedly decrease the total cholesteral (Tch) triglyceride (TG). HDL—c. LDL.

糖尿病患者血液流变性变化的临床意义

天津公安医院　郭玉莉　吴金华

本文对50例糖尿病患者的血液流变性指标进行了测定。其中包括：血液粘度，血浆粘度，纤维蛋白原，甘油三脂，胆固醇及红细胞平均容积。结果显示该病患者的血液粘度，血浆粘度，纤维蛋白原，甘油三脂及胆固察均有不同程度的升高，并与健康人群比较有明显的差异性（P<0.05或0.01）。　这是因为糖尿病患者的糖代谢紊乱而致的脂肪代谢紊乱，也有可能是导致糖尿病并发症如：糖尿病性脑血管病，糖尿病性心血管病，糖尿病性视网膜病变的重要因素。因而为中医学用活血化瘀法治疗糖尿病提供了可靠的实验依据。

Clinical Significance of Hemorrheology in Diabetes Mellitus Patients

Guo Yuli , *Wu Jinhua*
Tianjin Gong An Hospital

Rheology of fifity cases of diabtics which consisted of blood viscosity, plasma viscosity, fibrinogen, triglyceride, cholesterol and mean corpuscular volume were analysed, we found the blood viscosity, plasma viscosity, and the quantity of fibriogen, triglyceride cholesterol of DM had significantly increased comparing with normal person. The conditions were resulted from disorders of sugar metabolism andresulted probably in severe complications such as cerebrovascular disease, cardiovascular disease, diabetic retinopathy, etc, Then, it supplied a reliable laboratoryparameterfor treating DM with traditional chinese medicine—promoting blood circulation to remove blood stasis.

消渴康复膏临床机理研究

山东青岛市少林外治法研究所　李凤歧

为攻克Ⅱ型糖尿病这一难关，笔者79年以来在临床实践中探讨出一条新路子。自拟“骨质工程医学与消渴病关系的机理研究”课题。在病因病机，组方剂型，给药途径（膏贴外治）创新独特。透皮给药是指经皮肤给药而起全身治疗作用的控释制剂。在透皮治疗系统的条件下，贴敷三阴交穴增加经穴效应。避免药物受胃肠道生理因素的影响和动物对胃肠道生理功能的干扰；可绕过肝、胃肠道首过效应，提高药物的生物利用度；吸收代谢的个体差异较小，有利于设计给药剂量；消除血药峰谷现象，减少给药次数，降低用药剂量，减轻毒副作用；给药方便，可随时移去终止给药，病人乐于接受等。这样就打破了传统治疗消渴病的组方给药格局，对消渴病及引起的并发症疗效显著。

The Clinical Research of the Plaster to Cure Xiao Ke Disease.

Li Fengqi
The Institute of Shao Lin External Therapy, Qing Zhou Shan Dong Province

The author has detected a new approach in the clinical practice since 1978, and intended to name the subject as "The research of the mechanism of the relation between bone tissue engineering medicine and NIDDM". The result of the research is unique in exploring the cause and mechanism, in prescription and type of the medicament, as well as in the approach of taking medicine (plastering). Plastering actually has the functions as a sort of controlled—dosage—releasing preocess to effect the whole body through skin. It also has an additional affect on the acupoints by plastering the three yin jiao acu-

point. The advantage of this therpy are as followed: It will avoid the medicine effect to be influenced by intestinal and gastric physiological factor and the gastrointestinal side effect, and therefore enhance its biological utilization. It provides a reduced individual difference in absorption and it is favorable for prescribing dosage; It has a reduced occurrence of peak and valley medicine value in the blood and reduce the frequency of taking medicine, as well as the dosage and side effects. Taking medicine can be conducted conveniently and easyly acceptable to the patients. Therefore it has broken up the traditional prescribing layout in curing NIDDM and is significant for curing NIDDM and its complication.

血浆胰岛素、C—肽水平与消渴病“虚”“实”关系的探讨

河南省新乡市第二人民医院　咸发岭　宋晓敏　杨　冰　吕靖中　王志强　杨书亭

研究测定了64例Ⅱ型糖尿病人的血浆胰岛素，C—肽水平，并且与中医辨证分型对照分析，证明：血奖胰岛素，C—肽水平与消渴病“虚”“实”有着规律性的联系，即燥热内盛型病人血浆胰岛素峰值水平较高，而气阴两虚、阴阳两虚型病人，血浆胰岛素，C—肽水平较低，说明：消渴病的“实证”“虚证”与β细胞分泌胰岛素的功能存在着规律性的内在联系。也提示了血浆胰岛素，C—肽的水平变化，可作为消渴病辨证分型及疗效判定的客观指标。

Study On The Relationship Between Plama Insulin, c—peptide and the Deficiency or Excess of Diabetes

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Xin Xiang Second People's Hospital, Henan Province

The plasma insulln, c—peptide level of 64 patients with NIDDM was tested and their situation was compared and analysed according to the diagnosis and typing of TCM. It is evident that there is a natural relation between the plasma insulin, c—peptide level and the deficiency or excess of diabetes. That is to say that a patient with an exuberant internal dryness and heat always has a relatively high peak level of plasma insulin, while in a patient with either deficiency of both "Qi" and "Yin" or deficiency of both "Yin" and "Yang", the level of c—peptide is also relatively low. It can be inferred that the deficiency or excessof diabetes has some certain relation with the insulin—secreting function of B—cells And the change of IRI and c—peptide level can be regarded as an objective index of diagnosis and typing of diabetes as well as an index of the effectiveness of it's treatment.

Ⅱ型糖尿病患者与血液流变

哈尔滨市第一医院　杨友文　杨友琴
哈尔滨市医科大学　田一飞

NIDDM组10例，其中男6例，女4例，病程1—12年。　对照组为临床检查无对血液粘度影响较大的肺心病、冠心病、脑血管病等的健康人20例。10例中老年糖尿病患者血液粘度各项指标检测结果较对照组高。除红细胞压积外，两组有显著差异（P＜0.01和P⩽0.05）。10例糖尿病患者血糖均＞8.8mmol/L，6例患者甘油三脂增高，4例胆固醇增高。本组糖尿病患者有无血脂增高或有无心血管合并症对全血粘度高切、低切红细胞压积及血浆粘度等各项指标无明显影响。两组检测指标无显著性差异。故在控制血糖的基础上，适当采用抗凝活血化瘀类药物，对控制血糖，预防、延缓心血管病变和缓解症状，可能会收到一定的效果。

NIDDM and Hemonrheology

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The first hospital of Harbin *Tian Yifei*
The Medical university of Harbin

The hemorrheology of 10 cases of NIDDM and 20 healthy people of the control group were measured. The difference of every blood adhesive index between two groups is significant (P＜0.01), except the pcked RBC volume (p＞0.05). Therefore on the basis of hypoglycemic agents, we should use some drugs of anti－coagulation, activating blood circulation and dissipating blood stasis. It will be helpful to control blood sugar, prevent and alleviate cardiovascular disease.

消渴病患者肺功能改变的临床研究

河南中医学院第一附属医院　李素云　吕久省　周庆伟　仝润芳

本文测定了347例消渴病人不同病机阶段的肺功能指标，并与97例正常人对照，结果发现，消渴病不同症型，不同阶段肺功能测值存在着明显差异（P＜0.001）。各组V50，V25，mmEF与正常人比，下降明显（P＜0.001），$FEV_{1.0}$%除阴虚热盛组与正常人比下降P＜0.05外，另两组均P＜0.01，Vc、FVc只有当病情发展到后期，阴阳两虚，痰瘀互阻时方下降明显P＜0.05。DLCO各组与正常人组相比下降明显P＜0.01。V50、V25、mmEF、DLCO组间比较均有显著性差异P＜0.05。认为消渴病由阴虚热盛→气阴两虚→阴阳两虚的病理过程中，肺通气功能与弥散功能下降越来越显著，并对其机理进行探讨。

A Study on Changes of Pulmonary Function of Patients with Diabetes

Li Suyun, *Lu Jiuseng*, *Zhon－Qingwei*
The First Affiliated Hospital of Henan TCM College

The pulmonary function of patients with diabetes in different stages was tested. Compared 347 cases of diabetes with 97 cases of normal human, the result showed that the pulmonary function of diabetes is obviously different in different syndrome and stages. Compared threegroups (exuberant heat due to deficiency of yin, deficiency of both qi and yin, deficiency of both yin and yang) with normal human group, the V50 V25 MMEF reduced obviously $P<0.001$, FEV1. 0% in exuberant heat due to dificiency yin group; $P<0.05$ (compared with normal human group). The other two groups $P<0.01$. When thepatients with diabetes having deficiency of both yin and yang, The Vo, Fvc reduced obviously. $P<0.05$. The DLCO reduced obviously $P<0.01$ (compared three groups with normal group). Compared V50, V25, MMEF DLCO in three groups, the result reduced obviously, all $P<0.05$.

The result showed an progressive reduction of pulmonary functionin the course of DM.

糖尿病紫舌有关指标初步观察

山东省潍坊市冶源干部疗养院　魏守宽　杨祖田　史学茂　林绍志

通过对 30 例糖尿病紫舌的观察，并与正常舌质患者进行对照，观察其体外血栓，血脂，血液流变学等指标的变化，结果表明：糖尿病性紫舌的血液流变学指标与正常舌质患者比较，无显著意义。认为血液流变学异常并不是糖尿病紫舌的主要因素；糖尿病性紫舌体外血栓的长度、干重、湿重值均显著高于正常舌质患者的上述指标（$P<0.05$），认为糖尿病紫舌与体外血栓有显著的内在联系。糖尿病紫舌患者的血脂与正常舌质患者相比较，无显著差异。认为糖尿病紫舌与血脂无明显相关性。提出体外血栓异常是瘀血的重要客观指征。同时提出瘀血应分为两个阶段，即“血滞期”和“瘀血期”的观点。

Preliminary Studies on the Relationship Between Purple Tongue and Experimental Index in Diabetics

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The authors have observed 30 cases ofdiabeticswith purple tongue, compared with

normal tongue patients. They have studied the thrombosis in Vitro, haemolipid, haemorheology index of both groups. The results indicate: as to haemorheology index, there is no significant difference between diabetics with purple tongue and the control proup. The article believes that the abnormal rheology index is not the main factor of purple tongue. But as to thrombosis in vitro, the length, dehydrated weight, moist weight of the thrombus of diabetics with purple tongue are significantly higher than that of control group ($P<0.05$). Therefore, it is believed that purple tongue of diabetics has a close relation with thrombosis in vitro. They have also found that there is no obvious difference in haemolipid between two groups. This article has put the point of view that the abnormal thrombosis in vitro is an important experimental index for blood stasis. It also points out that blood stasis should be divided into two stages: stagnated blood stage and blood thrombosis stage.

“如来甘露春”对糖尿病肾病的防护作用

中国原子能科学研究院同位素研究所丹东糖尿病研究中心
王维周　丁长辉　秦必昌

“如来甘露春”是本着“食为药用”，“药为食用”，肾为先天之本，生命之根的中医理论创制问世的。旨在控制糖尿病人的口干，口渴，多饮，多尿之苦，通过320例的临床观察结果如下：

A. 理想控制者120例；B. 较好控制者57例；C. 一般控制者78例；D. 有效控制者65例。为进一步探索“如来甘露春”对肾脏的防护变化，本中心通过放射免疫测定：血清中β_2微球蛋白，尿中β_2微球蛋白，尿中白蛋白，其结果是“如来甘露春”对肾小球，肾曲管，尿白蛋白分泌率（排出量）确有防护作用。

Rulai Ganlu Chun (Buddha Manna Spring) 's Protection on Diabetic Nephropathy

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China Institute of Atomic Energy,
Dandong Diabetes Mellitus Centre

Rulai Ganlu chun is created according to the principle that “foods can be used for drugs, and drugs for foods ” and “Renal isCongenital root and kidney is life origin”.

It's purpose is to control the the mouth dry, thirsty, overdrink, and polyuria of the diabetes mellitus. We have observed 320cases of DM. The results are as follows: Ideal Control 120 cases; Significant Control 57 cases; Control 78 cases; Effective 65 cases; In order to explore the protective effect of the drug on nephropathy, our center, by RIA method, has tested the serum B2—micro—globin SB2—MG, urine b2—micro globin (UB2—MG), urine micro albumin. The experiment showed this drug does has some protective effect on nephropathy.

糖尿病患者前列腺素 E_1 环磷酸腺苷水平的初步探讨

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白求恩医科大学第四临床学院生化室　冯延民　张泽兵　李　吉
基础医学院分子生物学实验室　岳海涛　张培因

前列腺素（PG）和环磷酸腺苷（cAMP）广泛存在于人体的细胞之中，对人体的生理机能起重要的调节作用。特别是在多种疾病的代谢过程中，某些功能失调与代谢紊乱均与PG，cAMP的水平有着密切的关系。糖尿病人的血液高凝状态已被证实。目前认为 PGE_1 可激活腺苷酸环化酶（cAMP）使cAMP升高，抑制血小板聚集。本文以放射免疫方法测定20例糖尿病患者，10例正常人血浆 PGE_1 和cAMP的水平。其结果 PGE_1 下降，有显著差异（$P<0.01$）。CAMP无显著差异。测定 PGE_1 的水平下降与糖尿病功能失调，代谢紊乱使之变化相符合。cAMP的水平与其不符。这可能与测试方法的灵敏度，提取纯度等因素有一定关系。今后的工作除了对cAMP的水平进行深入研究外还应进一步对糖尿病类型，例数做广泛的研究，为深入探讨糖尿病的病因，病机打下一定的基础。

Preliminary Probe of PGE and cAMP in Diabetics

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Medical College of TCM Affiliated Hospital
Feng Yanmin, Zhang Zebing, Li Ze
Norman Bethune University of Medical Sciences the Fourth Teaching Medical College
Yue Haitao, Zhang Peiyin
Basic Medical College Molecular

Prostaglandine (PG) Cyclic adenosine monophosphate (cAMP) are extensively present in cells of human body, and play an important regulatory role to human physiological function. Some dysfunction and metabolic disorder have some close relation ship to level of PG and cAMP. In the article, PGE and cAMP in the plasma of 10 diabeticsand 10 normal people were tested by radioimmunoassay (RIA). There are marked difference in the PGE ($P<0.01$) and there are no marked difference in the cAMP ($P>0.01$).

The level of PGE is inconsistant with metabolic dysfunction of diabetics. The level of cAMP is not. It may be due tothe sensitivity of the method or purification, etc.

益本活血汤治疗老年糖尿病的实验研究

山东中医学院附院内科　徐云生　程益春

本文运用健脾补肾、活血化瘀的“益本活血汤”对四氧嘧啶性糖尿病老龄小鼠和正常家兔进行了观察研究。初步得知，本方能明显降低实验动物的空腹血糖，增强胰岛β细胞，对葡萄糖的反应性，改

善胰岛素外周抵抗，或可抑制升血糖素分泌及肝糖输出，减缓血液高凝高粘状态，提高机体免疫力和超氧化物歧化酶（SOD）活力，降低血浆过氧化物（MDA）含量等多方面的作用，适用于老年糖尿病的治疗。

Experimental Study on Yi Ben Huo Xue Tang Curing Diabetes of Old People

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The author used Yi Ben Huao Xue Tang (invigorating spleen and kidney, and activating blood circulation to dissipate the blood stasis.) on old mice with diabetes caused by BDM and healthy rabbits. The results have shown that Yin Ben Huo Xue Tang can decline the experimental animals, fasting blood glucose, improving the insulin resistance, controlling the disorder of metabolism of lipids, increasing the responsibility of islet B cell to blood glucose, declining the high—stick and high—coagulated condtion of blood, and peroxide quantity of blood, promoting the immunity and super—oxide dismutase activity. The interaction of all these functions lead to the markedly effective results. It is suitable for the treatment of senile period diabetes.

胰岛灵对四氧嘧啶性糖尿病大鼠 LPO 的影响

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本文通过动物实验，证实 allocan 大鼠过氧化脂质（LPO）增高，(P<0.01) 胰岛灵在降糖的同时能够使 LPO 降低 36.4%（P<0.01），说明胰岛灵不仅可降低血糖，也可对抗自由基，提高机体的抗氧化能力。

The Effect of Yidaoling on Lipid Peroxide From Alloxan Diabetic Rats

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Liaoning College of TCM

We approached the effect of Yidaoling on lipid peroxide (LPO) in plasma from alloxan diabetic rats. LPO in alloxan rats were significantly higher than that in normal (P<0.01). The LPO in alloxan rats after treating with Yidaoling (1.349±0.1727) is significantly lower than the alloxan rats without treatment (2.216±0.3530), P<0.01. The result suggest that Yi Dao Ling can resist LPO.

糖尿病脾胃见证患者的体表胃电频谱观察及其临床意义分析

第一军医大学南方医院　吴仕九
解放军中西医结合研究所　陈永萍

笔者应用“微电脑胃肠电检测分析系统”观察33例糖尿病脾胃见证病人（下称糖尿病全组）和30名健康成人（下称对照 组）体表胃电并作频谱分析，按中医定型标准将糖尿病全组33例病人分为胃热组（17例）和脾虚组（16例）。统计结果显示：（1）糖尿病全组、胃热组空腹活跃其序列所占百分比及活动指数均倾向或明显高于对照组，尤以胃热组明显，提示空腹胃运动亢进；（2）糖尿病全组、胃热组和脾虚组餐后第10—20min内胃电活动量达到最大值的百分例数及活动指数均倾向或明显低于对照组，尤以脾虚组明显，提示进餐后反应延缓并减弱。上述胃电频谱结果对糖尿病脾胃见证病人可作为临床辨证分型、分型论治及疗效观察的客观依据，换言之，对于糖尿病脾胃见证病人要慎审“胃热”与“脾虚”；胃热是标，脾虚是本。临床上注重用益气、健脾、运脾之品如北芪、白术、佩兰、麦芽等，同时又要兼顾胃热，运用清胃生津之品如生石膏、忍冬藤、白花蛇舌草、北沙参等，这样才能从中医辨证整体调节上起作用。

Observation and Clinical Significance of Electrogastrographic Frequency Spectrum in Diabetes Patients with PI—WEI Syndromes

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Chen Yongping
PLA Institute of Integrated Traditional and Western Medicine

33 diabetic patients with pi—wei syndromes (diabetes group) and 30 healty subjects (control group) were examined using Microcomputer Detect—analysing System for Electric Activities of Gastroenteric Tract. According to TCM Zheng—differentiation criteria, the 33 diabetic patients were classified into two subgroups: stomach—heat type (17 cases) and spleen—deficiency type (16 cases). Electrogastrogram (EGG) spectrum showed that: (1) the percentage and action index of active stages in fasting EGG were higher or significantly higher in the diabetes group, especially stomach—heat subgroup than in the control, indicating excessive motility of empty stomach in the patients. (2) The percentage of electrogastric activity reaching up to peak value and the action index 10—20 min after meal test were lower or significantly lower in the diabetes, stomach—heat groups, especially in the spleen—deficiency group than in the control one, suggesting slow response of stomach to meal in the patients.

Clinically, the resuls can be used as basis of syndrome differentiation. In other words, diabetic patients with pi—wei syndromes should be carefully differentiated further as ones with stomach—heat or ones with spleen—deficiency, and the former being superficiality and the latter fundamental, based on EGG spectrum. Thus, treatment should focuse on the fundamental with superficiality at the same time, it is good for im-

proving therapeutic effectiveness.

糖尿病患者血浆胃动素水平研究

第四军医大学西京医院　章　梅　夏　天

应用放免的方法测定了糖尿病患者血浆胃动素水平，发现血浆胃动素水平与肾功能密切相关，肾功能损害加重，胃动素水平升高；另与血糖也具有显著相关性（r=0.7243，P<0.01），血糖降低，胃动素水平亦降低。

Serum Level of Motilin in Diabetic Patients

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To study the serum level of Motilin in diabetic patients, using radioimmunoassay (RIA) with digoxin kit, we measured serum level of Motilin in diabetic patients, diabetic patients with renal failure and normal controls.

The result suggests that serum level of Motilin is closely related with kidney function. When kidney function goes down, the level of Motilin increases. This suggests Motilin may be involved in pathogenesis of diabetic nephropathy in patients with NIDDM. When the blood sugar is going down, the serum level of Motilin is also decreasing. It was demonstrated that the blood sugar was closely correlated with the serum level of Motilin ($r=0.7243$, $P<0.01$). All of these show that the serum level of Motilin is closely related to the blood sugar and kidney function.

中老年糖尿病人中医辨证与甲皱微循环

——附 80 例临床分析

杭州陆军疗养院一科　董晓敏　魏良行

糖尿病属中医消渴范畴。笔者根据中医辨证分型的原则将 80 例中老年糖尿病患者分为肺胃燥热、气阴两虚、肝肾阴虚及阴阳两虚四型，分别进行了甲皱微循环检查。结果发现微循环改变以阴阳两虚型最为严重．肝肾阴虚型次之，而肺胃燥热型最轻，与对照组比较无显著差异。从而提示在糖尿病治疗上除了辨证施治外．改善微循环的中药应有所侧重。

Differentiation of Symptoms and Signs and Nailford Microcirculation in 80 Middle and Old—aged Diabetics

Dong Xiaomin, Wei Loangxing
Hang Zhou Sanitarium of PLA

Eighty middle and old aged patients with NIDDM were divided into four types: dryness—heat of lung and stomach, deficiency of both Qi and yin, yin deficiency of liver and kidney, and deficiency of both yin and yang. Nailfold microcirculation was examined in 80 cases. The results showed that the microcirculation significantly changed in all the four group, compared with the control group, and the abnormality in order from severity to lightness is: deficiency of both yin and yang, yin deficiency of liver and kidney, deficiency of both vital energy and yin, and dryness heat of lung and stomach respectively.

糖尿病人心电多相信息检测结果及分析

山东省潍坊市治源干部疗养院　林绍志

运用心电图电子计算机分析方法对糖尿病人进行检查，结果证实，糖尿病人存在着心肌缺血、肥厚及神经传导不良等改变。与同时患有高血压病和冠心病患者的检查结果相似，且上述改变与病理及血压无明显相关性，提示糖尿病性心脏病的防治应贯穿于糖尿病治疗的始终。

The Multiphase Informational Electric Cardiograph Assay of DM Patients

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Yeyuan Carodre Sanitarium of Weifang City, Shandong Province

The computerized analysis of ECG method was applied to DM patient. The result showed that myocardial infarction, hypertrophy and nervous conduction block existed in DM patients. The condition was similar to patients suffering from hypertension and coronary heart disease. It is suggested that the DM cardiac disease should be prevented and treated as early as possible.

糖尿病与高脂血症关系探讨

吉林市空军四六五医院中医科　石喜之　黄进业　俞亚芹

本文对 1985 年以来住院的糖尿病患者作了初步调查，发现 72 名病人都有不同程度的血脂增高现

象，而以甘油三脂、总胆固醇增高多见。与中医“消渴病”发病有关膏粱厚味、壅滞郁瘀的认识一致。壅滞的结果可导致血瘀，所以应当活血化瘀。活血化瘀法有扩张血管、改善血流变、降血脂、血糖等作用值得重视。临床体会活血化瘀、益气养阴法治疗糖尿病，疗效甚佳。

Relationship of Diabetes Mellitus to Hyperlipidemia

Shi Xizhi, Huang Jinye, Yu Yaqin.
465th Air Force Hospital, Jilin City

Among the complications of Diabetes Mellitus the chief one is hyperlipidemia, which is one of the important factors that cause atherosclerosis. We studied the patients with Diabetes Mellitus admited in our department since 1985. The results showed that all 72 patients have hyperlipidemia of various degrees. The commonest are elevated levels of triglycerides and total cholesterol.

Diabetes Mellitus belongs to the category of "Xiao Ke" in Traditional Chinese Medicine. The main factors that cause Diabetes Mellitus are rich fatty diet and blood stasis. Rich fatty diet is likely to hinder functional activities of qi and causes blood stasis manifesting as hyperlipidemia and atherosclerosis in clinic. Hyperlipidemia exaggerates atherogenic processes, causing pancreatemphraxis and disorder of microcirculation, directly interfering with secreting of insulin and the utilization of glucose, consequently elevating plasma glucose. Using blood—activating and stasis—eliminating drugs can dilate blood vessels and remove blood stasis, thus make the blood circulates freely, increase the utilization of glucose and lower plasma glucose level. We took the method of replenishing qi and nourishing yin, promoting blood circulation and removing blood stasis in treating Diabetes Mellitus. The curative effect is fairly good. The blood lipid level will gradually lower after the control of blood glucose. consequently improving microcirculation. lowering the blood lipid is important both in reducing blood glucose and in preventing or lightening the formationand development of atherosclerosis.

老糖乐降糖抗衰老作用的实验研究

辽宁中医学院附属医院　于　杰　李敬林　曲荣香　范乃嘉

选用18个月以上的老龄Wister大白鼠44只，随机分成老糖乐、优降糖、空白对照和正常对照四组。尾静脉注射链脲霉素（strepto20cin）并给高热量饮食，使造模大鼠出现高脂，糖耐量异常等与老年糖尿病相似的改变．分别给老糖乐、优降糖，后两组给等量的生理盐水灌胃。四周后断尾采血，分别测定空腹血糖，餐后2小时血糖，CD、CAT、VE含量。结果老糖乐与优降糖组相似。空腹血糖，餐后2小时血糖，CD显著低于空白对照组（P<0.01)。CAT，VE显著高于空白对照组（P<0.01），但老糖乐与优降糖两组间差异不显著。研究发现，选模大鼠不但血糖升高，糖耐量异常，而且体内CD含量增高，CAT活性及VE含量降低。说明老龄糖尿病动物体内脂质过氧化作用增强，抗氧化能力降低，衰老进程加速，从而推测在老年糖尿病人体内也存在着同样的变化。而具有益气养阴，活血降糖作用的中药制剂老糖乐．不但与口服降糖药优降糖一样，能使糖尿病大鼠血糖降低，糖耐量异常改变，治

疗糖尿病。而且具有抑制体内脂质过氧化反应，增强抗氧化酶活性，降低自由基损害，延缓糖尿病引起的衰老进程等作用。

An Experimental Study of the Effect of Chinese Herb Medicine "Lao Tang Le" on Decreasing Blood Sugar and Deferring Senescence

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44 elderly Wister rats above 18 — month — old were randomly divided into four groups: " Lao Tang Le", Glyburide, control and normal groups. Except the last group, the rats were fed with high fat diet and injected with Streptozotocin. After diabetic model was made in them, the first two groups were given with "Lao Tang Le" and Glyburide respectively and the control and normal groups with normal saline for four weeks. The blood test showed the results were:

1. The diabetic — modeled rats had the characteristics of hyperlipemia, impared blood sugar tolerance and high level of blood sugar which were similar to that of senile diabetes; there was increase in CD content and decrease both in the activity of CAT and in the content of Vitamin E.

2. The levels of CD and blood sugar (fasting and postprandial), of "Lao Tang Le" treated rats were significantly lower than the controled rats (P<0.01); their CAT activity and VE level were significantly higher than the control group (P<0.01).

3. There were no significant differences between "Lao Tang Le" and Glyburide in terms of lowering blood sugar level and improving blood sugar tolerance condition; "Lao Tang Le" may be better than oral hypoglycemic agent Glyburide in reducing the amountof CD content and increasing CAT activity.

胜糖胶囊治疗大白鼠四氧嘧啶性糖尿病的实验研究

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中国人民解放军空军医学高等专科学校
王盛波　沈　楠　黄晓洁　樊路华　宋晓波　李英女　杨宁江

胜糖胶囊对四氧嘧啶性糖尿病大白鼠的血糖、血脂和胰岛β细胞影响的实验研究。结果：(一)降血糖作用：胜糖胶囊大中剂量与治疗前相比（P<0.01)。大剂量组与优降糖组相近（P>0.05)，中小剂量组低于优降糖组（P<0.05，P<0.01)。停药后大中剂量组血糖无明显变化，小剂量组血糖不稳定。(二)病理学观察：各组β细胞增生无差异（P>0.05)。但胜糖胶囊大剂量组β细胞有胞浆颗粒增多，染色加深现象。(三)降血脂作用：胜糖胶囊大中剂量组降血脂作用明显（P<0.05)。上述表明，

胜糖胶囊具有明显的降糖、降脂作用，其机理与刺激胰岛β细胞，提高其活性，促进胰岛素分泌有关。

Experimental Study Of Treating Alloxanic Diabetes Mellitus Of Wister Rats With Sheng Tang Capsule

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To verify dampness pathogenesis of diabetes mellitus (DM), we performed the experimental study in influence of Shengtang capsule (STC) on the blood sugar, blood fat and pancreatic islet beta cell of Wistar rats with alloxanic DM.

The method included 90 male Wistar rats. Based on the way of literature, duplicated alloxanic DM models of Wistar rats. The rats were randomly divided into nine groups. The five groups of them were examined blood sugar, i. e. the experimental groups were the large (G1), medium (G2) and small (G3) dosage groups of STC; the positive control group was glyburide (G4); the negative control group was distilled water (G5). The animals were poured medicines down the mouth in the four weeks, once a day. On end of the every week, blood sugar was examined. After one week of stoped taking medicines, blood sugar was followed up examination. Killed all rats and immedially fixed the pancreas in 10% formalin, then used continous paraffin sections to observe beta cells. The remained four groups used to examine blood fat, the medicine application of the experiment groups and negative control group was similar to examined blood sugar group, and examined blood fat at the fourth weekend.

The results showed: (1) There is significant difference between blood sugars of G1 and G2 before and after treatment ($P<0.01$). There is no difference between hypoglycemic effects of G1 and G4, but the hypoglycemic effects of G2 and G3 are markedly lower than thatof G4. The blood sugars of G1 and G2 were stable after stopped taking medicine, but that of G3 was unstable. (2) The hyperplastic ratio of beta cells in G1, G2, G3 and G4 were only slight increase, but there were not difference among groups ($P>0.05$). However, the cytoplasmic granules of beta cells in the experimental group appear to be more than those of the control group. (3) There were obviously hypolipemic effect in the large and medium dosage groups ($P<0.05$).

In brief, for significant hypoglycemic and hypolipemic effects, weconsider that it is associated with STC stimulating pancreatic islet beta cells to secrete more of insulines, and provide experimentalbasis for dampness pathogenesis of DM.

丹参对糖尿病血液流变学的影响

济南市中医医院　王　坤

本文报告了50例糖尿病患者血液流变学检测结果与30例健康组对照，两组有明显的差异（$P<0.01$）。糖尿病组血液具有高粘、高凝、高聚的病理特征，这与祖国医学阴虚燥热而导致血瘀的病机相

吻合。对50例糖尿病患者采用复方丹参注射液治疗，每支2ml含丹参和降香各2g，每日20ml放入生理盐水300ml内静脉滴注，10天为一个疗程，疗程之间相隔5～7天，分别进行1～3疗程。治疗后血液流变学检测多项指标接近健康组。可见丹参具有较强的活血化瘀、清心凉血的功效，能降低血液的高粘状态，并能扩张血管改善微循环，清除微血栓，与降香配伍具有协同作用。

The Influence of Randix Salviae Miltiorrhizae on Hemorrheology in Diabetes Mellitus (DM)

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The hemorrheology of 50 cases of D. M. and 30 cases of controlwas measured, the two groups had significant differences (P<0.01). The pathological characters of hyper adhesion, hyper—coagulation and hyper aggregation were found in DM group. This was correspondent to the pathological mechanism of blood stasis induced by dryness fever due to Yin deficiency in traditional Chinese medicine. 50 cases of DM were treated by compound Hadix Salviae Miltiorrhizae injectio (2ml/ampul) which contains 2 grams of both Radix Salviae Miltiorrhizae and lingnum Dalbergiae Odoriferae. 20ml of this injectio was put into 300ml of NS injectio per day and 10 days was regarded as one course of treatment. After the patient accepted 1—3 course of this treatment between which the interval is 5—7 days, we found that a number of assays in hemorrheology was just the same as that of control aproximately. This indicates that Radux Salviae Miltiorrhizae has the function of promoting blood circulation by removing blood stasis and that of eliminating the heart—fire and blood—heat, furthermore, it can overcome hyper—adhension of blood and expand blood vessel, thus it has the function of promoting microcirculation and removing microthrombi.

胜糖胶囊对小白鼠微血管系统的影响

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空军医专　沈　楠

糖尿病（DM）是一种复杂的慢性疾病，常发生大血管、小血管及神经系统的并发症。为研究胜糖胶囊（STC）治疗DM和预防DM并发症，我们观察了STC对昆明种小白鼠微小血管系统的影响情况。本实验采用昆明种雌性小白鼠20只，实验组与对照组各10只。实验组按5.5g/Kg/日STC灌胃一次，对照组灌以等量的生理盐水，连续给药三周，最后一次给药后2小时，处死所有小鼠，取其心、肝、肾、骨骼肌和胰腺，固定于10%福尔马林液中，常规石蜡切片，HE染色。采用文献方法测量各器官微小血管直径。结果发现，胰、肝和骨骼肌的平均微小血管直径实验组明显大于对照组（P<0.01），而心、肾的平均微小血管直径组间也有统计学差异(P<0.05)。本实验证实STC能扩张各主要器官的微小血管，使器官血流增加，改善组织代谢，提高器官功能，增加胰岛β细胞的胰岛素分泌，提高骨骼肌和肝等细胞对胰岛素的敏感性，从而为STC治疗DM和预防DM并发症提供了实验依据。

Influence of Shengtang Capsule on the Microvascular of Mice

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Based on Wang Shengbo's new theory of DM, we used Kunming mice to study the influence of Shengtang capsule on the microvascular system.

The study included 20 Kunming mice (the experimental group 10 and the control group 10). The experimental group poured Shengtang capsule down the throat, 5. 5g/kg; the control group poured same normal saling down, once a day. Two hours after pouring medicine down the three weeks later, killed all mice and immedialtely fixed the heart, liver, kidney, skeletal muscle and pancreas in 10% formalin, then used continues paraffin sections 5 um and HE stain, and measured the microvascular diameters of each organ. The results showed that mean diameters of micro vascular from the liver, skeletal muscle and pancreas in the experimental group was significantly greater than those in the control group ($P<0.01$). There is slight statistical difference between the mean vaules of which from the heart and kidney of the experiment group and those of the control group ($P<0.05$).

This study confirms that Shengtang capsule can dilate the microvascultatures of various organs, results in local aterial hyperemia, advance local tissue metabolism and raise organic function, increase secretion of insulin and improve sensitity of cells (of skeletal muscle and liver) to insulin. Thus provide certain scientific experimental basis for treating DM and for preventing the complication of DM.

非胰岛素依赖型糖尿病证治体会

中原油田采油二厂医院　贾聚群
河南省清丰县柳格医院　吕学民

经我们十年临床统计发现：临床诊治的糖尿病患者中，95%为非胰岛素依赖型（NIDDM）的中后期。因其起病缓慢，病程较长，且合并症亦多，所以患者在疾病早期未能察觉，很少就诊；且易漏诊。一旦诊断明确，大多数患者已出现气虚、阴伤、血瘀征象。在治疗中采取标本兼顾、中西合治的原则，疗效优于一方一药的单一治疗；同时，尤当注重嘱其调情志、节饮食、树立战胜疾病的坚强信心。据此，我们采取益气、养阴、化瘀的治则，自拟以黄芪、苍术、元参、葛根、麦冬、山萸肉、五味子、大黄、三七、桑螵蛸等药物为主的主方，灵活参以西药降糖、抗感染，改善微循环等药物，系统观察治疗 100 例 NIDDM 患者，疗效较为理想。

Experience of Type Ⅱ Diabetes Treated with TCM

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Lu Xuemin
Liu—Ge Hospital Qing Feng County, Henan Province

After 10 years observation on clinical studies, we have found that 95% diabetics are belong to the middle or late stage of the type Ⅱ diabetes.

Diabetic has a slow onset, a long duration and plenty of complications. Few of the type Ⅱ diabetics want to see the doctor because they do not feel any uncomfortable at the early stage, even when they go to see the doctor the diagnosis is easily to be missed. Majority of the patients have already manifested the signs, such as deficiency of vital energy, insufficiency of Yin, and blood stasis, once the diagnosis is comfirmed. We have found that it is more effective than use simple recipe to treat both the symptom and cause by combining TCM and WM. At the same time, we especially told the patients to keep a good spirit, less food and drink, and set up the faith to overcome this illness.

On the bases of all these, we took up the therapeutic principle of replenishing the vital energy, nourishing the Yin and removing stasis. Our recipe is consisted of herbs, such as Astragalus, Atractylodes, Sliophalaice ningpoensis Hemsl, Ophiopogon Japonica (Thunb) Ker—Gäwl, the Paeraria lobata (Willd) Ohwi, Panax notoginseng (Burk) F. H. Chen, Rheam L. (Rheam offical buill), Schigandia chinese (Turcy) Baill, cornus officindis S. etcz, Paratenodera sinensis Saussure and cooperated with chemical drugs to reduce the blood sugar, resist the infections and improve the microcirculation.

We have observed 100 cases of NIDDM diabetics in this method and got a satisfactory result.

应用六味生脉饮治疗糖尿病 33 例临床观察

云南省红十字会医院　王作林
云南省昆明市妇幼保健医院　　王廷海

六味生脉饮是清代名医陈修园治疗消渴病的有效方剂。笔者应用六味生脉饮：熟地、淮山药、枣皮、丹皮、茯苓、泽泻、麦冬、五味子、红参（另煎兑服），治疗糖尿病 33 例，不仅临床症状尤其是多饮、多尿、多食三多症状明显改善，而且疗后血糖显著下降（$p<0.05$），按照全国糖尿病专业委员会制定的疗效评定标准，总有效率为 78%。方中六味地黄汤滋补肝肾，生脉散益气养阴，临床观察本方对肝肾阴虚，气阴两虚患者疗效较好。现代药理研究表明本方中六味地黄汤、人参均有明显的降糖作用。

Clinical Observation on 33 Cases of Diabetes Treated with Liuwei Shengmai Yin

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Wang Yanhai
Kunming Women—Children Health—Protection Hospital in YunNan Province

Liuwei Shengmai Yin is an effective prescription with which ChenXiu—guo, the famous doctor of Qing Dynasty, treated the patientswith diabetic syndrome.

We have applied Liu Wei Sheng Mai Yin, which includes Fleece— floweRoot, Chinese Yam, CornusDfficinalis, Cortex Moutan, Poria, RhizomaAlismatis, Ophiopogon, Schisandra Fruit and Radix Ginseng (decocted separately and drunk mixedly) and treated 33 patients with diabetes. Treated with this prescription, clinical symptoms of polydispsia, polyphagia and polyuria have obviously disappeared, meanwhile blood sugar has seemingly descended. ($P<0.05$). according to the standards ofthe therapeutic effects evaluated by society of Diabetes, CMA, thetotal effective rate comes to 78%. Decoction of six Drugs with Rehmania inthe prescription can reinforce vital essence of the liver and kidney, and ShengMai San for replenishing vital essence and nourishing body fluid. Clinical observation indicates that this prescription has caused bettertherapeutic effects for the patients with Yin deficiency of liver and kidney or with deficiency of bothYin and vitalenergy. The modern pharmacological research shows that Decoction of Six Drugs with Rehmania and Ginseng inthis prescription contain the obvious function of descending bloodsugar.

试述中医药分型治疗糖尿病

哈尔滨市道里区中医院　许清凯　邹丽波　孙雁序

糖尿病属于中医的“消渴病”范畴，以多饮、多食、多尿、身体消瘦，或尿有甜味为特征。燥热伤阴型：早在《内经》就有论述，后世历代医家多推崇燥热观，在医疗实践中运用滋阴清热，益气降糖，治疗此类型糖尿病收到满意的效果。气血瘀阻型：从古至今的医家，在临床实践中逐步认识到运用活血化瘀法治疗消渴病，确有实效，近人用此法治疗该病和实验研究等方面均取得了较好的成果。脾胃升降失常型：近代医家张锡纯认为“膵为脾之副脏”，脾膵连属在功能上有密切关系，此论述很接近现代医学糖尿病，是人体内胰岛素不能维持葡萄糖代谢处于正常状态，从而使血糖升高、尿中排泄葡萄糖。在治疗上用猪胰、鸡内金等以物之胰补人之膵收到满意的效果。

Try to Discuss Curing Diabetes in Type Classfication of TCM

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Diabetes belongs to the Xiao Ke disease of TCM. There are three types of diabetes in TCM.

First is dryness—heat to damage Yin. In the past dynasties, most doctors have praised this theory highly. This type is caused by Yin— deficiency. Up to now, nourishing Yin and clearing away heat is still effective on our clinical study.

The stagnation of both blood and Qi is the second type. In our clinical practice recently, we have find it is effective to cure diabetes with activating the blood circulation.

The final type is abnormal ascending and descending of the visceral energy of spleen—stomach. This type is found by Zhang Xichun, a doctor of Qing dynasty. His opinion is very similar to the view of modern medical science. Using Rhizoma Dioscoreae to invigorate people's spleen—cui can get some effects.

消渴病责之于肾虚

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消渴病是以多饮多食多尿体重减少体力减少为主要临床表现的一种疾病。其根源责之于肾虚。肾藏精内寄阴阳，为水火之宅，主水，主纳气。肾精亏虚、阴阳失调，五脏六腑的功能随之而紊乱，加之情志失调，饮食不节，劳欲过度等诱因相互作用，促使消渴病的形成和不断深入。其病理机制：起初阴虚，继则阴虚化热、阴虚阳亢，津涸热淫，最后阴损及阳致气阴两伤，阴阳两虚。其根源在于肾，累及的脏腑肝心脾（胃）肺。所以有“治消之法，无分上中下，先治肾为急……”的说法。故治疗时滋阴补肾贯穿始终。治则：滋阴补肾、益气缩尿。基础方：六味地黄丸化裁（熟地、山药、山萸肉、枸杞、黄芪、牡蛎）。加减：偏于气虚：重用黄芪、牡蛎，加黄精、五味子；偏于气阴两虚加五味子、女贞子；多饮加花粉、葛根、石斛、知母、麦冬；多食易饥重用熟地，加黄连、石膏、知母、花粉；多尿者重用牡蛎，加桑螵蛸、覆盆子、益智仁、金樱子；尿量多于饮量，面色黑，唇色紫暗、舌下脉络紫暗者，金匮肾气丸加丹参、西红花、麝香；血糖持续不降者，重用枸杞，加黄连、麝香。

Diabetes Is Due to Kidney—Deficiency

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The root of Xiao Ke disease is kidney—deficiency. Nourshing Yin and invigorating

the kidney should be continuously applied in the course of treatment. Basic prescription: Radix Polygoni, Multiflori, Rhizoma Dioscoreae, Fructus Lycii, Carapaxtriorycis, Rhizoma Atractylodis Macrocephalae, Concha Ostreae. Modification:

1. Deficiency of vital energy: Increase the weight of Rhizoma Atractylodis Macrocephalae, Concha Ostreae, add Rhizoma Polygonati, Fructus Schisandrae.

2. Deficiency of both vital energy and Yin: Add Fractus Schisandrae, Fructus Ligustri Lucidi.

3. Overdrink: Add Radix Trichosanthis, Radix Pucrariae, Herba Dendrobii, Rhizoma Anemarrhenae, Radix Opiopogonis.

4. Polyphagia with tendency to hunger: Increase the weight of Radix Polygon Multiflori, add up Rhizoma Coptidis, Cypsum Fibrosum, Rhizoma Ancmarrhcnac, Radix Trichosan.

5. Polyuria: Increase the weight of concha Ostreae, add Ooheca Mantidis, Fructus Rosae Laevigatae.

糖尿病辨治管见

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糖尿病是一种常见的、有遗传倾向的代谢内分泌疾病。遍及全世界，呈逐渐增多的趋势。本病是以多饮、多食、多尿、消瘦等主要临床表现。属于中医学“消渴病”范围。在医学界中，中医学对糖尿病的认识最早，始见于《内经》。其后历代医书对糖尿病均有记载，对糖尿病的病因病机、辨证施治、预防、食疗、预后等方面均有论述，迄今仍为糖尿病的临床指南。随着祖国医学的继承与发扬，许多学者和同道对本病的病机、分型、方药等方面有很多见解和经验，充实了祖国医学的伟大宝库。余根据糖尿病的特点，结合自己的临床经验，对糖尿病的病因病机、分型论治以及并发症的治疗进行了概述。说明了辨证论治糖尿病，要注重并发症的证治，全面分析糖尿病各种发病因素所致的不同证型进行辨证论治，随证加减，灵活化裁。

Treatment of Diabetes According to Syndrome Differentiation

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Medical books throughout the history all had the records of discussion about pathogenic factors and pathogenesis, selection of treatment based on the syndromedifferentiation prevention, diatotherapy and prognosis.

According to the features of diabetes, combining with my clinical experience, the pathogenic factor and pathogenesis, syndrome differentiation and complication treatment of DM were discussed here.

糖尿病从痰湿论治

山东省潍坊市冶原干部疗养院　林绍志

糖尿病人中存在着痰湿之机，但因受阴虚燥热传统观念的影响，该学说至今未能从理论和临床上得以系统阐发。本文从痰湿病机形成的原因、临床表现和治疗方药等方面系统阐述了痰湿之机存在的客观性、必然性及其局限性和复杂性。用实例说明燥湿化痰治疗的必要性。

DM Is Dealt with the Treatment of the Phlegm－wetness

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The mechanism of phlegm－wetness exists in DM, but not well established from both theory and practice, influnced by the traditional idea of Yin deficiency and dryness－heat. The author has illustrated the objectivity, invariability, limitation and complex nature of this mechanism from the view points of pathogenesis, clinical manifestation and therapeutic recipe etc. An case report is offered to demonstrate the necessity of treating by removing dampness to reduce phlegm.

糖乐平简介

青岛国棉六厂综合服务加工厂　邱兆云

糖乐平胶囊系列制剂，采用三方三药的科研思路。独特的炮制工艺，对三方药物进行生物发酵提取研制而成。临床单独应用该药治疗糖尿病获较好疗效。提示该药有继续研究的必要。

A Brief Introduction of Tang Le Ping

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Capsule of Tang Le Ping is a kind of series production. Applying the scientific research thoughts of three prescriptions and three drugs and specific craftsmanship, the production isabstracted from biological fermentation of three prescriptions and drugs. A

patient was completely cured with it. It means that this drug has the value of further investigation.

浅谈老年糖尿病中医治疗的用药原则

四川省达川地区中西医结合医院　袁茂熙

笔者在糖尿病的临床中医治疗中，就老年糖尿病与非老年糖尿病之间存在着“大同”与“小异”的临床用药着手，为求事半功倍的临床效果出发，在辨证施治中必须“求同顾异”而提出：

1. 发汗解表，汗勿过泄。
2. 泻实祛邪，攻不伤正。
3. 清热降火，清不伤阳。
4. 脾贵健运。
5. 阳贵潜藏。
6. 阴贵涵养。
7. 扶正宜缓。

等七条老年糖尿病中医治疗的用药原则。

The Principles of Medication in Chinese Traditional Medicinal Treatment of Aged Diabetics

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The clinical medication of aged diabetics is basically similar but with minor differences with that of young diabetics. In order to get the best clinical results during the treatment, according to syndrome differentiation, common background must be sought and differences must be reserved. So the writer proposed the following seven principles of medication in Chinese traditional treatment for aged diabetics:

1. There should not be too much perspiration, only when it is needed.
2. The excess should be purged and the excess of pathogenic factor should be expelled. But, the healthy energy should not be hurt.
3. Heat should be cleared and fire should be purged. But, yang should not be hurt.
4. The spleen's function is to transport and distribute nutrients and water. It should be invigorated.
5. Yang should be hidden.
6. Yin should be conserved.
7. Supporting the healthy energy should be carried out slowly.

养阴清热温阳化瘀论治消渴病

长春中医学院附院　赵　玲　周建华　李　磊
长春中医学院　李惊殊　任继学

消渴病是临床常见病、多发病，而且合并症亦多。随着人们生活水平的提高和人口老龄化的倾向，消渴病发病率呈逐渐上升的趋势，因其严重危害着人类健康，现已成为世界性亟待攻克的难题。西药治疗消渴病使用口服降糖药和胰岛素等疗法，疗效不稳定且容易产生副作用。中药治疗消渴病具有无毒副作用，作用持久且不易产生耐药性的特点。中医药治疗消渴病有巨大的潜力和广阔的前景，但如何寻求一种更为安全，高效的治疗方法已成为当务之急。古今治疗消渴病，多以上、中、下三消论治，但验之临床，效果并不理想，笔者导师任继学教授勤求古训，博采众长，总结出养阴清热，温阳化瘀之法，旨在调整机体阴阳水火之平衡，使脏腑、经络，气血相互协调，相互为用。通过对此法的理论探讨，说明消渴病的治疗不应单纯以生津润燥为主，而应以调整机体阴阳水火平衡为重。

Treatment of Diabetes by Nourishing－Yin，Clearing away Heat，Warming－Yang and Dispersing Blood Stasis

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Diabetes is a common and frequently－occurring disease，and there are many complications. Following the improvement of people's living standard and the trend of the old men growing in number，the incidence of diabetes is gradually rising up. Because it does harm seriously to the health of mankind，it has become a difficult problem demanding prompt solution all over the world，western medicine treats diabetes by offering hypoglycemic agents and insulin，but it isn't steady for curative effect and easy to produce side effect. There aren't any side－effect to treat diabetes with Traditional Chinese Medicine and it's function is lasting and not easy to produce tolerance. So there exists huge potantialities and broad prospects. It has been a urgent matter that how to seek a sort of method safer and more efficient. The doctor treat diabetes almost based on three types of diabetes in ancient and modern，but tested and verified with clinic，it can't produce the ideal effect. Prof. Ren Ji Xue has a good knowledge of classics in Tradional Chinese Medicine，and learns from other scholars，then summarizes the method of nourishing yin，clearing away heat，warming yang and dispersing blood stasis，for the purpose of regulating the balance of the body's yin，yang，water and fire，so as to make five viscera and six hollow organs coordinated and interact of each other. Our research suggested that we should first regulate the balance of body's yin，yang，water and fire to treat diabetes.

糖尿病证治分型刍议

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糖尿病是一种常见的，有一定遗传倾向的全身性慢性代谢疾病。由于体内胰岛素相对或绝对不足引起的碳水化合物，脂肪和蛋白质代谢紊乱导致高血糖和糖尿。属祖国医学“消渴”“消 ”等范畴。主要机理是由于素体阴虚，饮食不节，复因情志失调，劳欲过度所致。笔者依祖国医学辨证施治及同病异治的指导思想，将糖尿病分型论治如下：

一、胃热蕴结，治以养阴增液，止消泻火。

二、肾阴素虚，治以滋阴固肾，益气健脾。

三、肺胃阴伤，治以甘寒生津，养肺益胃。

四、胃热化燥，肝胆郁热，治以清热润燥，疏肝和胆。

五、肝郁气滞，痰凝血瘀，治以舒肝活血，健脾化痰祛湿。

六、脾肾阳虚，治以温中健脾，益肾填精。

糖尿病乃慢性疾患，在控制其急性症状后，尚须进行合理长期的治疗，以“缓缓图功”，有些药物不可久用多用。重视对精、神、力、心、肾、肝、肺的摄养。通过调理脾胃，使脾胃健旺，能纳能化，脏腑，气血，津液方能调和，阴阳协调，起到解除症状，延缓病情发展的功用，才能达到提供合理的生存质量为目标。

适当的运动，力所能及的工作，是糖尿病治疗过程中的重要方面。良好的人际关系，逐步相对稳定的工作，有规律的生活方式，是加快康复不可缺少的因素，并使患者了解自己的病情及治疗方法，主动与医生配合，这样才能获得稳定持久的良好远期效果。

On Diabetic Differentiation and Treatment and Classification

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DM is divided into the following types of syndrome and treated according by:

1. Excessiveness of the stomach－heat: treated by nourishing Yin and increasing body fluid to purge fire.

2. Deficiency of the kidney Yin: treated by nourishing Yin and reinforce the kidney, invigorating Qi and strengthening the spleen.

3. Impairment of lung and stomach Yin: treated by promoting production of body fluid with drugs sweet in flavor and cold in nature, nourishing the lung and stomach.

4. Dryness－transformation by stomach－heat and stagnated－ heat in the liver and the gallbladder: treated by clearing heat to relieve dryness, smoothing the liver and normalizing function of the gallbladder.

5. Stagnation of the liver－Qi, retention of phlegm and stasis of blood: treated by smoothing the liver and removing the stasis of blood, strengthening the spleen to elimi-

nate phlegm and remove dampness.

6. Deficiency of the spleen and the kidney Yang: treated by warming the middle—jiao to strengthen the spleen, invigorating the spleen and replenishing essence.

试谈糖尿病的辨证分型

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糖尿病的辨证分型，各家意见不一，而且证型繁多，不易掌握。我们认为应有一个简明扼要的统一标准。糖尿病的临床表现可归纳为四个方面：①阴虚症状（一般均有）；②气虚症状（多数具有）；③阳虚症状（少数兼有）；④燥热症状（少数兼有）。我们将糖尿病分为三型。1. 气阴两虚型。此型病人最多，约占 3/4 左右，年龄在 40～60 岁，病程 1～5 年，见于中期；2. 阴虚热盛型，病程较短，见于初期；3. 阴阳两虚型，病程较长，病情较重，见于后期。此分型方法不仅将临床症状归纳为易于掌握的三个证型，而且各型与患者的病程、病情、转归等有一定的关系，还反映了糖尿病发生发展的病理关键——阴虚为本。因此治疗时也就抓住了该病的本质，符合中医学"治病求本"的原则。

A Discussion on The Differentiation of Common Syndrome of Diabetes Mellitus

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In recent years, there is no common view on the differentiation of common syndromes of DM, and the types of DM are varied. It is not easy to master. We thought a concise and precise criterion should be set up. The clinical syndrome of diabetes mullitus can be concluded in four types: (1) Yin—deficiency (2) Qi—deficiency (3) Yang—deficiency (4) Dryness—heat.

But we have divided it into three types in convenience of clinical application: Ⅰ. Deficiency of both Qi and Yin, Ⅱ. Dryness—heat syndrome due to Yin—deficiency, Ⅲ. Deficiency of both Yin and Yang. This method is not only concluding the clinical syndrome of diabetes mellitus into three types which can be easily applied, but also presenting the relation between each type and the age, the course of the disease, the patient's condition, the progress and so on.

Treating based on this method, you can command the essence of DM. The theory accordingto the principle of treatment must aim at the cause of disease in TCM.

糖尿病临床之我见

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本文治疗糖尿病108例，辨证分为阴虚燥热型，气阴两虚型，气阴两虚血瘀型，分别给予自拟糖尿病Ⅰ号、Ⅱ号、Ⅲ号方进行治疗。危重病例则予中西医结合急救，待患者病情稳定后再辨证论治。治疗结果总有效率为98.1%。

Ⅰ号方组成：石膏、生地、知母、天冬、麦冬、玄参、花粉、黄连。

Ⅱ号方组成：生地、熟地、黄芪、茯苓、太子参、花粉、五味子、山药、山萸肉、元参、苍术、丹参、黄连。

Ⅲ号方组成：生熟地、麦冬、玄参、花粉、黄芪、五味子、丹参、山药、黄精、丹皮、茯苓。

On the Clinical Study of Diabetes

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There have been 108 cases of diabetes admitted to our hospital, and 3 types were divided according to the patients' condition and case history. They are deficiency of Yin and dryness—heat; deficiency of both yin and vital energy; deficiency of yin and vital energy with blood stasis. We have mainly treated them with ourself—draft diabetes prescription No. 1, No. 2 and No. 3. As for the serious and emergent cases, we took the first aid by combination of Western Medicine and Traditional Chinese Medicine. When the patient's conditions had got steady, they would be treated according to syndrome differentiation. The total effective rate reached 98. 1%.

糖尿病的中医治疗与模糊数学构思

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辽宁省本溪市中医研究所　陈文艳

糖尿病的传统中医治疗，在实质上与现代科学的模糊数学原理基本是不谋而合的。人脑具有吸取最少的模糊信息，依据一定的经验、推理规纳进行前瞻性思维及逆向回顾性思维以及相关性思维，而得出足够近似程度的结论来，在临床治疗中也就是治疗方案。我们根据黑箱信息论的数学模式理论，研究中医关于糖尿病治疗思维、处理方式的新构想，突破当今这方面研究的习惯性纵向思维定式，建立立体相关思维方式，从而能更好地发挥祖国医学诊治糖尿病的优势，为临床服务。

The TCM Treatment of Diabetes and the Conception of Instinct Mathematics

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The treatment of diabetes with Traditional Chinese Medicine is actually the same with the principles of instinct mathematics in modern science. Human brains can absorb the least instinct information and draw quite similar conclusions after the look forward conception and the conversely recalling conception and other relevant conception according to the past experience and the principles of inference. That is the therapeuatic plan in the clinical treatment. According to the theory of information we have studied the new conception of the treatment of the disease and the therapeutic conception ofthe diabetes treated on the basis of TCM theory so as to break through the conventional mode of the vertical conception and set up the cubic mode of conception from which we can develop TCM superiority in the diagnosis and treatment of diabetes and provide better clinical service.

逍遥散化裁治疗糖尿病初探

河南省南阳地区人民医院　傅丽丽　指导　傅万宝

家父傅万宝行医四十余年，精研医术，熟谙仲景方药，在经方运用上造诣颇深，对糖尿病的辨证及用药积累了丰富的临床经验。认为消渴病的发病机理，除与肺、胃、肾等脏腑机能失调而致阴虚燥热外，情志失调也是导致本病的一个重要原因，故与肝脏有密切关系。肝主疏泄，涉及到体内各组织的生理功能活动，调节控制整个机体新陈代谢的动态变化，肝气疏泄，则心情舒畅，气血平和，健康正常。若情志抑郁或大怒伤肝，郁而化火，则可使肺、胃、肾等脏腑功能紊乱发为消渴。从现代医学角度看，如果情绪不好，精神受到刺激，可引起高级神经活动功能障碍，乃至影响垂体、肾上腺、胰腺等，产生神经体液调节功能失常而发生糖代谢紊乱。治疗上多从舒肝解郁、滋阴清热着手，以逍遥散加减组成基本方，取顺其条达之性，开其郁遏之气的治法而获佳效。因此，强调在糖尿病的治疗中，疏理肝气，解除郁滞是一个不可忽视的重要环节。例举验案两则就正于同道。

Preliminary Study on the Treatment of Diabetes by Xiaoyao Powder

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My father, Fu Wanbao, has been a doctor for over forty years. He has made a profound study on medical treatment and has been familiar with Zhang Zhong Jing prescrip-

tions and quite an expert on the use of classical prescriptions. He believes that one of the main causes of diabetes is the emotional imbalance except the functional disordersof internal organs.

If you are in depressed mood, angry, your liver will be hurt and the internal heat evil is produced. This makes the internal organs such as lung, kidneys and stomach to be in disorder and diabetes appears. To treat this, starting with dispersing the stagnated liver—energy and all eviating mental depression as well as nourishing Yin and clearing away heat evil. We use Xiao Yao Powder to form the basic prescription to achieve the best efficacy. The internal organs run smoothly on the basis of easily moving liver energy. So treating diabetes from liver is a way which should be paid much attention.

从瘀血探讨糖尿病发病与证治

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本文基于临床实践，结合古今有关“瘀血”的认识，通过116例临床观察，发现糖尿病患者多数见有瘀血易罹体质，发病后有瘀血临床表现，易产生多种血管并发症。拟用糖尿Ⅰ号，Ⅱ号治疗糖尿病，并与传统治法（不加用活血药对照），疗效具有显著性差异。从瘀血观论治糖尿病，可提高疗效，可减少或延缓并发症的发生与发展，因此活血化瘀在糖尿病治疗中是有很大的实用价值。

Probing into the Pathogenesis and Treatment of Diabetes from the View of Blood Stasis

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This thesis is based on the writer's clinical practice, andancient and modern knowledge about blood stasis. Through the clinical observation of 116 cases, we believe that most of the diabetic patients have phenomenon of blood stasis. Because blood stasis may cause diabetes, the patient usually has the clinical symptoms of blood stasis after he has suffered from diabetes. Blood stasis not only develops diabetes but also causes many complications, even make the patient's conditions worse. The writers make up No. 1 and No. 2 diabetic prescriptions, choosing some medicial herbs which have specially high effects on diabetes and can activate blood flow and remove blood stasis. The patients who are under the treatment of the special medicinal herbs recovered more quickly than those who are not . It proves to be of remarkable significance to treat diabetes by promoting blood circulation to remove blood stasis. To treat diabetes from the view of blood stasis has high effects, short course of treatment, less complications and better long term effects.

老年人糖尿病诊治的我见

福建省级机关医院　吴克山

老年糖尿病，由于社会老龄化的到来，以Ⅱ型糖尿病成为常见病。由于高龄者发病隐匿，自觉症状少，"三多一少"不甚明显．待在其它疾病就医时发现，一经发现多有并发症。笔者试从中医文献回顾中，了解老年消渴病之病因病机以及合并症之规律，摸索出"清热养阴"佐以"活血化瘀"，作为老年糖尿病有合并症时之通治之法。文末略述适度体力活动，控制饮食，必要时辅以西药继治，对及时控制高渗性非酮性糖尿病昏迷有所裨益。

Some Opinions on Curing Diabetes of Old People

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The majority of diabetes of old people are type Ⅱ. The symptoms of this disease is not easy to find and usually neglected by the patients. The symptoms of over drinking, overeating, overurine and weight loss are not apparent. The diabetes is often found with complication while curing other diseases.

Based on clinical manifestation of diabetes in old people and analysing by TCM theory. The pathogenesis of diabetes in old people are deficiency of kidney Yin, heat syndrome in the interior and blood stasis. The therapeutic principle are clearing away heat and nourishing kidney Yin, activating blood circulation and removing blood stasis. The physical activity, diet controling and chemical drugs are equally important in preventing hyperosmolar nonketotic— coma.

骨髓增生异常综合征合并糖尿病之机理初步探讨

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通过25例骨髓增生异常综合征有18例合并糖尿病之观察。认为本综合征是一种白血病前骨髓造血细胞增生异常导致骨髓细胞增生亢进及成熟不良而引起的血细胞不同组合及不同程度的减少，血细胞形态异常，细胞器结构、生化及功能异常性疾病，可致粒细胞趋化，移行，吞噬功能障碍，造成血液高渗状态，出现糖尿病酮症．血糖升高；红细胞膜受损，则细胞膜蛋白缺乏胰岛素受体，而不能与胰岛素结合发挥胰岛素效应，致血糖升高；贫血，多脏器缺血，乏氧，胰β细胞不能正常分泌胰岛素，又可加重糖尿病，同时认为血细胞破坏后糖元释放，进而使血糖升高，而致糖尿病。综合征并发糖尿病与再障合并糖尿病发病率及血糖检测差异极其显著。故治疗MDS同时应服用降糖药物消渴丸或天安糖泰或黄连素，以提高疗效。

Study On Mechanism in Myelodysplastic Syndrom Complicated with Diabetes Mellitus

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25 Patients with Myelodysplastic syndrome (MDS) have been observed. 18 cases have the complication of Diabetes Mellitus (DM). Most of them are RA type.

It is thought that MDS is a preleukemic disease caused by myeloproliferative disorder. When the function of chemotaxis migration and phagocytosis of the granulocyte is disturbed, the blood will be in hyperosmotic state, this will lead to diabetic ketosis. when red cell membrane is injured, the cell membrane—insulin receptor will lose, so this will cause highblood sugar. RA type has more serious anemia, so many organs aredeficient of oxygen. The Beta cells of the endocrine pancreas can't secret insulin normally. then condition of DM patients will be worsen. It is thought that if blood cell has been broken, the glycogen will be released into the blood circulation. It leads to higher level of blood sugar.

糖尿病（消渴病）病机研究进展

河南省人民医院　韩颖萍　河南中医学院　杨辰华

糖尿病是常见的内分泌病。其发病率仅次于心血管和肿瘤。糖尿病属于消渴病范畴。我国 2000 多年前的经典《内经》，对糖尿病已有较为完整的记载。近年来，通过大量的研究在发病机理方面，提出了诸如血瘀论、脾虚论、肾虚论、肝郁论、湿浊论等新观点。大大丰富了糖尿病的病机学说，更有利于提高糖尿病的治疗效果。

Advances of the Research on Pathogenesis of Diabetes in TCM

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Diabetes is a common endocrine disease. The incidence of the disease is only inferior to the cardiopathy and tumor. Diabetes belongs to Xiao Ke category in TCM, and a more complete record of diabetes was in the book, "Canon of Internal Medicine" more than 2000 years ago. Recent years, a large number of clinical and experimental researches had been done, with respect to pathogenesis, many new viewpoints were suggested: such as blood stasis theory, asthenia of kidney theory and spleen—asthenia theory stagnation of liver—energy theory and wetness—evil theory etc. They have enriched pathogenesis theory of diabetes and help to enhance the clinical therapeutic effect.

糖尿病从肝辨治浅谈

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肝为风木之脏，在生理上，肝敷布少阳生发之气，化生少火，如熙熙之阳，蒸化精微物质濡养全身，从而保证人体正常的功能活动，即“少火生气”。在病理上，邪舍肝脏，肝郁化火，火邪内淫，耗气伤津，五脏失禀，虽强食而不充饥，引饮而不救渴，即“壮火食气”。糖尿病从肝调治的基本方式是清疏肝火和固本涵木，并配以理脾、润肺等法。在用药上疏肝选柴胡、川楝子。清肝取龙胆草、山栀子等，敛肝宜乌梅、白芍。养肝用山茱萸、地黄、枸杞子等，临床还应根据不同兼证辨证选方用药。

Treatment of Diabetes from the Liver According to Syndrome Differentiation

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Ⅰ. The Theoretical Basis of the Treatment:

According to the theory of syndrome differentiation, the liver is the viscera of Wind and Wood. In physiology, the liver functions Shaoyang Channels to creat Qi, vital energy from which junior fire (physiological fire) comes. That is Yang—qi sending so much fine materials (nutrient substances) to meet the needs of the body that maintains normal life. "Junior fire creats vital energy" pathologically, when pathogenic fire lives in the liver, it can deteriorate junior fire, impair the body fluids, as a result of which the five solid organs are imbalanced, so that no matter how much one has eaten, it can not sastify his/her hunger; whatever one has drunk, it can not quench his/her thirst.

Ⅱ. The Way of the Treatment and Administration

The simple method of the treatment is to clear away the live—fire and reinforce the liver accompanied by regulating the spleen and moistening the lung. The suggested Chinese herbal medicines are as follows: Bupleurum root and Sichuan chinaberry used to smoothe the liver; Gentian root and Herba Cassiae Mimosoid is which can clear away the heat from the liver. Black plum and White Peony root are used to astring the liver; and Rehmania root, wolferry fruit and dogwod fruit are used to tonify the liver and kidney and to arrest spontaneous emission and sweating.

治疗糖尿病常用中药药理研究与中药剂型改进的展望

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中国医科大学附属一院　魏光彬　刘远霞

糖尿病是一种常见的慢性内分泌—代谢性疾病。中医学对本病认识较早，早在公元前二世纪《内经·素问》和《灵枢》中就记载了糖尿病的症状，名曰“消渴”或“消瘅”。其后历代医书对本病

均有记载，对其病因，病机、辨证施治、预防、食疗等方面均有论述。现认为糖尿病的病机是以阴虚为主经过不同发展阶段，逐渐发展到气血阴阳俱虚，最后合并多种病症。因此，滋阴清热、益气补虚中药便成为治疗糖尿病的最常用中药。这些中药经药理研究证明，多数具有增强人体机体免疫系统的功能，提高抗病能力、降低血糖的作用。在治疗糖尿病的中药剂型中目前常用水丸、胶囊两种剂型，这远远满足不了临床需求。特别是在治疗糖尿病急症病人方面目前还未发现较理想的中药剂型。这就要求我们必须在辨证论治的原则指导下，运用现代先进技术工艺，根据中药所含的生理活性成分不同和给药途径的不同，在口服药的基础上不断研制出高效速效的治疗糖尿病新药、新剂型如注射剂、栓剂、膜剂、气雾剂、外擦剂等。

The Pharmacologic Study of Common Chinese Herbs in Treatment of Diabetes and the Future in Improvement of the Form of Drugs

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Diabetes is a wide spread chronic endocrine — metabolic disease. TCM began to study such kind of disease earlier, even in B. C. 200. "Nei Jing", "Su Wen" and "Ling Shu" had described diabetic sydromes called "Xiao Ke" or "Xiao Dan". After that, medical works in different dynasties all had expounded such a disease, and expounded in terms of prevention, pathogenesis, pathogenic factor, and food treatment etc.

So far, diabetes pathogenesis is considered to put deficiency of Yin first, and through different developing stages, it gradually develops to deficiency of Yin and Yang, Qi and blood, finally a variety of sydromes appeared. Therefore, the Chinese replenishing drugs have the actions of nourishing Yin, eliminating heat, and invigorating Qi is the most commonly used.

These herbs are proved having the actions of strengthening the functions of immunty, enhancing the ability to resist disease, and lowering blood sugar in human body through pharmacologic study.

At present, in the treatment of diabetes, two forms of drugs are usually used as water—paste pill and capsule. However, these types can't satisfy the clinical need yet. In particular, we haven't find a comparatively ideal form of drugs in treating diabetic patients with acute complications. Hence, we must use advanced technology to find out highly effective and quick—acting drugs. especially some new types as injection, aerosols, membrane and so forth. According to different physiological active composition in Chinese herbs and different ways of administration, we still obey the theory of TCM to analyse all symptoms and signs. Then we will make greater contributions to the earlier recovery of diabetic patients.

消渴宜从厥阴求

辽宁省东港市中医院　刘桂英　乔桂凤

消渴，是以多饮、多食、多尿，身体消瘦或尿浊、尿有甜味为特征的一种病证。临床多从上中下三消分证，肺胃肾阴损论治。然临证常可见其每具肝胆经病证候。可见消渴除与肺胃肾脏腑功能失调有关外，与肝胆亦有密切关系。

笔者在临证时，将消渴分为三种类型：

一、肝阴亏虚：治以柔肝缓急、养血复阴，方用芍药甘草汤合一贯煎加味。

二、肝火灼津：治以清肝利胆，和解少阳，方用小柴胡汤加减。

三、肝郁寒凝：治以理气暖肝，方用逍遥散合吴茱萸、肉桂、附子加减。

消渴宜求之厥阴，但不可拘泥于此，应兼顾肺胃肾三脏，审因求证，辨证施治，使阴阳平，沉疴起。

Diabetes Treating by Regulating the Function of Jueyin Channel

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Diabetes is a disease characterized by polydipsia, polyphagia, polyuria, lossing weight, turbid urine and sweet urine. The syndrome usually differetiated by upper middle and lower Xiao, and the therary was according to the Yin deficiency of lung, stomach and kidney. But we often find some syndromes connecting with liver and gall bladder. Diabetes has a close relationship not only with the poor function of lung, kidney, stomach but also liver and gall bladder.

According to my experience, diabetes has been divided into three types: deficiency of liver Yin: the treatment is given by nourishing blood and Yin to soften the liver, so the recipe is Shaoyao Gancao Tang and modified Yiguan Jian. Consumption of body fluid due to liver fire: the treatment is given by clearing away the liver fire and eliminating the evil in Shaoyang, the recipe is modified Xiao Chaihu Tang. Stagnation of liver, energy and retention of cold evil: the treatment is given by regulating vital energy and warming liver, the recipe is Xiaoyao San adding Radix Linderae, Cortex Cinnamoni and Radix Aconiti Praeparata. Diabetes is treated by regulating Jueyin Channel but it may not be limited here, we should think about other Zang Fu, such as lung, stomach and kidney either. The treatment must be made under the guidance of the concept of differentiation to balance yin yang and eliminate the evils.

糖尿病治疗体会

福建平和县医院　赖伍赐
福建平和县中医院　戴宝贞

一、中医对本病的认识：

1. 病因病机：病因：饮食不节、劳倦内伤

病机：阴亏阳亢，津枯热淫

2. 治则：针对病因，重视养阴清热法的应用

二、治疗体会：

1. 明确病因病机及病位

2. 在重视养阴清热法应用的前提下，配合好活血祛瘀法的应用

3. 后期应重视补肾固涩的应用

The Treatment Experience of Diabetes Mellitus

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Ⅰ. The understanding of Traditional Chinese Medical Science on Diabetes:

1. Causative factors of Disease: Diet without restriction; Weary in body or mind work. Pathogenesis of DM: the mechanism is excess of Yang (function) occurs as a result of deficiency of Yin (body fluid and essence of secretion).

2. Principle of treatment: In view of causative factors of this disease, pay great attention to the methods of nourishment of Yin and clearing away heat.

Ⅱ. The treatment experience:

1. Clearly define causative factors, pathogenesis and location of disease.

2. Under the premise of paying great attention to the use of methods of nourishment for vitality and decrease heat, combine properly the use of methods of invigorating blood circulation and elimination venous stasis.

3. Pay great attention to the use of tonice to build up kidneys in the later stage.

《内经》"除陈气"思想在消渴病治疗中的运用及体会

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河南宋河酒厂职工医院　姚子民　曲广敏
河南中医学院研究生　杨辰华　原爱红

"除陈气"源于《内经》，其基本思想是：肥胖之人，由于过食肥甘，积湿生热，壅滞脾土，脾不为胃行其津液，五脏失濡，而成消渴。病起于湿浊，而非阴虚，治当以芳香化湿之品除陈化湿，使湿

去脾旺，水津四布，消渴自止。是《内经》脾瘅转为消渴后的一个重要治则。

目前，治疗糖尿病多从阴虚、脾虚、肾虚、瘀血立论，从痰湿论治的资料不多。验之临床，许多肥胖患者常表现为一派湿浊内蕴之象，滋阴清热难以奏效，笔者常用健脾化湿法而取良效。因此，除陈化湿应列为消渴病的一个重要治法。笔者并且论述了痰湿与肾虚、脾虚、瘀血的关系，示人化湿法不应孤立对待。并自拟效方，佐以验案，治疗糖尿病取得了满意疗效。

Applying the Idea of Clearing Away the Staled Qi to Treat Diabetes

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Worker's Hospital of Henan Songhe Winery Henan Collage of TCM

"Clearing away the staled Qi" originates from Internal Classic. The basic meaning of the phrase is: in the body of a fat person, the stagnation of damp heat pathogens in the spleen occurs as a result of overeating fat and sweet food. The spleen fails to promote the circulation of the stomach fluid, and the five viscera fail to be nourished, thus resulting in diabetes. The disease caused by dampness instead of deficiency of yin should be treated with fragrant herbs dispelling dampness. Clearing away the staled Qi and dispelling dampness can make the spleen function well in transportation, distribution and transformation. The body fluid is distributed throughout the body so that the symptoms disappear automatically. It is thus clear that the meaning in Internal Classic points out an important principle when treating the disease.

At present arguments on the treatment of diabetes are mostly about deficiency of yin, spleen weakness, kidney weakness and blood stasis. There are not many data from the viewpoint of dampness. Tested by clinical practice, many fat patients often have the manifestation of dampness retention. Nourishing yin and antipyretic method can't be effective. The writer often obtains obvious effects by invigorating the spleen and dispelling dampness. So clearing away the staled Qi and dispelling dampness should be regarded as an important method of the treatment of diabetes. The writer also discusses the relation of phlegm dampness and kidney weakness, blood stasis with the purpose that the method of dispelling dampness shouldn't be looked upon isolatedly. In addition, the writer makes up effective prescriptions and used it in clinic. All those prove that satisfactory effects of treating diabetes are attained by the writer.

浅谈应用中医药治疗糖尿病的临床思维

江苏省淮阴市中医院　严　冰

糖尿病是临床常见病多发病之一，属中国传统医学“消渴”的范畴。中医历代医家认为本病的病因主要是燥热伤阴。笔者认为本病始终以阴虚为本，燥热为标，入络夹瘀是其必然。病理主要在肺胃肾三脏。笔者用中医药治疗糖尿病的临床思维浅析于兹。一、以脏象学说为基础，据病情定位、定性，

辨病辨证两相结合为宜；二、以滋阴化瘀，治宗始末。笔者《辨证治疗糖尿病208例》，其中表现瘀血见证的只有31例，而治疗皆用活血化瘀药，如坤草、刘寄奴、丹参、地鳖虫等，运用频率高，贯穿于治疗的始末，结果有效率达94.9%，从而说明凡糖尿病人皆有不同程度的瘀血症状存在，从血液流变学的异常来看，也与之相应，说明活血化瘀药在降低糖尿病人的血粘稠度，改善微循环，增加血流量，软化纤维组织，纠正糖代谢的紊乱中是起了治疗作用的，不可忽视；再次，借助微观，杜绝"隐证"。笔者曾用《活血润燥生津饮治疗老年糖尿病73例》，其中症状不明显者25例，占34%，由体检发现者8例，占11%，足以说明微观检测是发现糖尿病"隐证"的主要手段。其所得是"隐证"糖尿病治疗的主要依据。第四，古方今用，今补古缺。古方今用乃辨证所需，今补古缺是病之所需，凡此选药，既寓辨证之意，又含降糖之功，更切病机。第五，参看年龄，观形审证，兼证兼治是杜绝并发症，减少死亡率的有效措施，意义深远。

A Thought of Applying Medicinal Herbs to Treat Diabetes

Yan Bing
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Firstly, on the basis of theory of the state of internal organs, lungs, stomach and kidney depend upon each other, thus we can make sure where the disease is and what kind of diseaes it is in order to diagnose and treat based on an overall analysis of the illness and the patient' s condition. Secondly we treat yin and remove stasis by reinforcing body fluid and noruishing the blood from the beginning to the end. The writer' s《Treatment of 208 Diabetic Cases》shows that only 31 cases have the symptom of extravasated blood and drugs for invigorating the circulation of blood are used in treatment, and the medicinal herbs such as Liujinu, Salvea miltiorrhisa. are often applied throughout the whole treatment, with the effective rate of 94. 7% as a result. Therefore it is clear that all diabetes have the symptom of extravasated blood in different degrees. This is relevant to the abnormal rheological reactions. Thirdly, we also remove the hidden disease whth the help of microcosmic examination. I have treated 73 cases of senile diabetics by invigorating the circulatin of blood, moistening the lung, skin etc and promoting the secretion of body fluid. 25 cases of them have no obvious symptoms which account for 34%, this is enough to show that microcosmic examination is the main method to find the diabetes.

试论Ⅱ型糖尿病中的气痰瘀——兼论以脾为中心

四川省凉山卫校　罗淑琼
四川省凉山州二医院　刘家顺

本文作者通过长期的理论探索和临床观察，提出Ⅱ型糖尿病（下称糖尿病）的全过程都存在着气血津液的病理变化，而常常出现气、痰、瘀的病理表现。并以气、痰、瘀为线索。脾虚为重点，讨论了糖尿病中的气、痰、瘀的形成与转化关系，特别强调了糖尿病初、中、末期都存在着血瘀，重点又是胃络瘀滞，为糖尿病采用活血化瘀治则阐明了理论依据。根据糖尿病长期、复杂的代谢失调，防治该病必须采用调气血、调气津、调阴阳、调升降的以脾为中心的综合治疗措施。

On the Vital Energy, Phlegm and Blood Stasis in NIDDM and Spleen as a Center

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Liu Jiashun
Liangshan 2nd Hospital, Sichuan Province

The author put forward a proposal that the pathogenesis such as Qi, phlegm and blood stasis insist in the whole duration of DM, based on the clinical observation and exploration in the theory of TCM. She disscussed the formation and the chang of Qi, phlegm and blood stasis by using them as a clew, the spleen deficiency as a core. The author emphasised the blood stasis in stomach, and offered the theory of the principle of promoting blood circulation and removing the stasis. The treatment should adopt a synthesized way of regulating Qi and blood. Qi and body fluid, Yin and Yang, ascending and descending, with the spleen as a core.

活血化瘀法治疗消渴病的体会

山东省日照市中医医院　腾聿联

笔者通过临床观察证实，消渴病多数病例伴有瘀血表现，尤其近年来因瘀致病说逐渐建立起来，使人们对消渴病的病机有了更加全面的认识，应用活血化瘀法为主治疗消渴病能有效地降低血糖、血脂，改善微循环等，从而有效的改善各种血管、神经并发症的症状。辨证地运用活血化瘀法可以作为治疗消渴病的理想方法。

Studies on the Treatment of Diabetes with Prescription for Activating Blood Circulation

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We have find that many Xiao Ke disease patients have blood stasis symptoms through clinical observation. These years, the theory of blood stasis causing a disease was formed, it offered the people a furthermore comprehensive idea about the etiology and pathogenesis of Xiao Ke. The application of this theory can lower blood sugar, blood lipid, improve microcirculation and so on. Therefore it can improve different complication such as blood vessal and nurve. It showed that treatment with prescription for activing blood circulation mainly was important to alleviate the disease.

中医药治疗消渴病

秦皇岛市第一医院　张焕荣

消渴（糖尿病）是人体葡萄糖代谢紊乱为主的慢性疾病，中医认为其病变脏腑主要在肺、胃、肾三脏，主要临床表现以多饮、口渴喜饮、多食、多尿，而体重减轻的“三多一少”症状。早期不典型患者亦可不出现上述症状，查尿糖阳性，空腹血糖大于正常者即可诊为此病。临床辨证分为①、清热泻火、生津止渴，适用于胃热炽盛或心烦移热于肺者；②、滋阴泻火，适用于阳明热盛，耗伤精微者；③、滋补肾阴，适用于病程较久，肾精被耗，阴虚内热者；④、温阳补肾，适用于肾气虚衰，少阴不藏，精微下注者；⑤、健脾补肾，适用于脾肾两虚，运化失常者；⑥、疏肝理气、清热滋阴，适用于肝郁气滞，肺阴耗伤者；⑦、滋阴生津、活血化瘀，适用于阴虚津伤而致瘀血者；⑧、清热解毒、滋阴凉血，适用与阴虚血热，蕴而成毒，并发疖肿者；⑨、耳穴埋籽疗法协助用药治疗，可提高疗效。

Treatment of Xiao Ke Disease with TCM

Zhang Huanrong
No. 1 Hospital of Qinhuang Dao

Xiao Ke disease (Diabetic Mellitus) is a chronic disease resulting from metabolic disturbance of carbohydrate.

The pathological changes are located in lung, stomach and kidney. The main symptoms are polyphagia, polydipsia, polyuria and loss of body weight. Early or asymptomatic patients can be discovered for positive urinary glucose and higher fasting blood—glucose.

Differentiation and treatment of common syndromes.

1. Clearing away heat, promoting the production of body fluid: it is suitable for excessive stomach—heat or heat—evil in the heart attacking the lung.

2. Nourishing Yin to clear away heat: it is suitable for hyperactivity of heat—evil of Yang Ming to cost refined substance.

3. Nourishing Yin and supplementing the kidney: it is suitable for heat—syndrome in the interion caused by Yin—deficiency.

4. Warming Yang to supplement the kidney: fitting for deficiency of kidney—energy, refined substance attacking the lower.

5. Invigorating the spleen and supplementing the kidney: fitting for asthenia of both spleen and kidney.

6. Relieving the depressed liver, regulating the circulation of Qi: clearing away the heat and nourishing Yin: it is suitable for stagnation of liver—energy, deficiency of lung—Yin.

7. Nourishing Yin and promoting the production of body fluid, activating blood circulation to dissipate blood stasis: fitting for deficiency of Yin and body fluid resulted in

blood stasis.

8. Clearing away heat and toxic materials and nourishing Yin to cold blood: it is suitable for furuncle due to noxious heat by Yin deficiency and blood heat.

9. Auricular—plaster therapy combined with Chinese herbs would increase the efficacy.

久病糖尿　重在治肾

四川省酉阳县麻旺区卫生院　冯吉中

消渴之治、总有润肺、清胃、滋肾之偏，而此等消渴，归根之治法，总应以滋肾养阴为主。据此立“消糖饮”，用之临床，有效率95%以上。

消糖饮方，药以枸杞、山萸肉、女贞子、山药、天冬、麦冬、蛤蚧、肉桂为主。气阴虚者，常气短无力，神萎神惫，心悸心慌，加黄芪，花粉，黄精，元参；肾亏及肝者，多眼涩目昏，腰膝酸软，加菊花，龟版，白芍，石斛；兼血瘀者，常见舌质紫暗，面色晦暗，手足麻木痹痛，加鸡血藤，丹参，桃仁，牛膝，川芎等。

本人临床应用经验，治疗过程之中，服药初期，易见显效，而巩固疗效，则重在坚持。总之，以滋肾为主者，根据兼证灵活运用，每获良效。同时告之患者，日常生活，宜节饮食，调情志，勿过劳。

The Treatment of Long—duration DM Should Be Dominated by Treating Kidney

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DM should be treated with a predomiance of replenishing kidney and nourishing Yin. Based on this principle, we have designed "Xiao Tang Yin", which composed of wolfberry fruit, dogwood fruit, glossy privet fruit, chinese yam, asparagus root, ophiopogon root, gecho, cinnamon bark, to put into clinical using and got good effect. The cases with both qi and yin deficiency usually felt shortness of breath and tiredness, mentally defect, palpitation, so the milkvetchroot, trichosanthes root, Siberian solomonseal rhizome, scrophularia root were added. The cases with deficiency of kidney and involved liver, usually felt dry and dim eyes, lassitude of loins and kness, chrysanthemum flower, tortoise plastron, white peony root, dendrobium were added. The cases with blood stasis usually manifested purple tongue proper, lusterless complexion and numbness and pain of limbs, spatholobus stem, red sage root, peach kernel, achyranthes root. chuanxiong rhizome were added.

In our research, at the early stage of treatment , we can easily find a marked effect, but at the stage of maintainance we can't. According to our experiences, we find the predominace should be nourishing kidney with modification of the syndromes.

消渴并发闭经的临床辨证论治体会

宁波第一医院　朱可奇

糖尿病属于祖国医学“消渴病”范畴。中医运用辨证论治原则治疗消渴病及各种并发症。

据笔者近五年临床观察，有43例女性消渴病患者并发闭经（妇科检查排除其它疾病）。在治疗中根据患者体质、病因、病机、症状不同而分四种类型进行辨证论治，并举案例加以说明。

（一）禀赋不足，肾精亏虚型。中医理论认为肾为先天之本，藏精，先天不足，肾精虚，脏腑失养，血海枯竭，冲妊之脉失养而致消渴闭经。治则滋补肾精，养血通经。方药拟六味地黄汤加味。（二）情志失调，肝郁化火型。长期精神抑郁，致肝郁气滞，郁久化火，耗伤气血，冲妊失养致消渴闭经。治则舒肝郁解，养阴泄热。拟逍遥散加味。（三）脾虚失运，痰湿内蕴型。肥胖之体，多痰多湿，痰湿内阻，致气血运行，分布失调，影响冲妊之脉通利而致消渴闭经。治则健脾化痰，活血通经。拟二陈汤合佛手散加味。（四）血瘀阻络，化火伤阴型。中医理论认为瘀血内停，积于血海，冲妊受阻不通而致消渴闭经。治则活血化瘀，滋阴生津。拟血府逐瘀汤合增液汤。

Differentiation and Treatment of Diabetes Mellitus Accompanied with Amenorrhoe

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In Chinese Medicine, diabetes mellitus (DM) is included in Xiaoke disease, diagnosis and treatment principle based on differentiation of syndrome is employed to cure this kind of disease and various complications of it. I found 43 cases of female patients suffering DM accompanied with amenorrhoea in 5 years of clinical observation, in which the possibilities of other illness were ruled out by gynecoiogical examinations. I classify them into four types of syndrome according to various constitution, pathogeny, pathology, symptom of each patient and cure them.

A. Deficient in natural endowment and energy. In Chinese Medicine, kidney is regarded as the congenital basis which contains essence. Congenital deficiency in kidney makes internal organs lack nutrient and blood exhausted, Chong Ren channels lack nutrient, and then result in diabetes mellitus and amenorrher. The treatment principle should be nourishing kidney, preserving blood, unobstructing arteries and veins. The prescription is decoction of six drugs including Rehmannia (Liuwei Dihuang Tang).

B. Inbalance in mood Fire syndrome caused by stagnation of the liver Qi. Depressed for a long time, it will cause the stagnation of the liver Qi, then it turn into internal heat and use up vital energies. ChongRen lack nutrient and diabetes mellitus and amenorrhoea occur. The treatment principle should be smoothing the liver and releasing gloominess, preserving negative and clearing the heat. The prescription is Ease Power (Xiaoyao San).

C. Weakness of the spleen and dysfunction in transport. Phlegm — dampness are stagenated in the body. A fat body, surperflows in phlegm and dampness, internal stagnant will arise, then imbalance in circulation of vital energy and distribution will arise and

obstruct the circulation of ChongRen channels, cause diabetes mellitus and amenorrhoea. The treatment principle should be invigorating the function of the spleen and reducing phlegm, activating circulation of blood and unobstructing arteries and veins. The prescription is two old drugs Decoction (Eychen Tang) combined with powder of Figger Cirtron (Fushou San).

D. Stagnant in arteries and veins due to stasis cause internal heat and injure "Negative", Chinese medicine says, stagnant in circulation due to stasis, ChongRen is prevented, causing diabetes mellitus and amenorrhoea. The treatment principle should be activating blood, discharging extravasted blood, nourishing Yin and body fluid. The prescription is decoction for Removing Blood Stasis in the Chest (Xuefu Zhuyu Tang) combined with Decoction for Increasing Fluid (Zengyie Tang).

调气养血法治疗糖尿病点滴体会

河南省民权县人和乡中心医院　吴庆顺

糖尿病在祖国医学中属于消渴的范围，引发本病的主要原因有：饮食不节，脾胃之虚；情志失调，气郁化火；思虑过度，忧伤恼怒；房室不节，精血亏损等。由于气血失调，阴阳失衡，必然导致肺燥伤津，胃燥伤阴，肾阴不足，肾阳虚损，中气下陷等一系列病症。气血乃生命之本，临床必须根据其具体情况，分别不同证型，灵活运用调气养血之法，达到补其不足，削其有余，实现气血流畅，阴阳平衡，其病乃愈的目的。文中两例病人，就是从气、血、津液辨证施治的典型病例。

Treatment of DM by The Way of Adjusting Qi and Nourishing Blood

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The main causes of DM are: diet without restriction, qi deficiency of spleen and stomach, the imbalance of emotion, stagnation of qi transmitted to fire, excessive mental strain, sorrow and anger, sexual over strain, insufficiency of essence and blood. The imbalance between qi and blood, yin and yang must lead to a series of syndrome such as: impairment of body fluid by lung dryness, impairment of yin by stomach dryness, insufficiency of kidney yin, deficiency of kidney yang and sinking of the middle—warmer energy. According to the concrete condition and specific type of syndrome, the author used the way of adjusting qi and nourishing blood to compensate the deficiency and inhibit the excess, thus lead to the smooth flow of qi and blood, the balance between yin and yang, so as to cure the disease. Two typical cases were added in the end.

消渴病的辨证施治

河南省郑州市中医院 郭玉琴 牛雪彩 李景瑞

消渴病是以多饮、多食、多尿、消瘦为特征的一种漫性消耗性疾病。文献记载，中药治疗此病已有二千多年历史。历代医家对此病的诊断及用药均有研究。并取得了一定成绩。据笔者多年的经验，将此病归纳为四种方法进行辨证施治。

1. 养阴清热法：适用于口干舌燥，渴而欲饮，多食，消瘦尚不明显。治宜养阴清热，方用自拟养阴清热汤。

2. 滋阴补肾法：适用于口干舌燥，不欲多饮或饮而不多，尿量不多，失眠多梦，消瘦。治宜滋阴补肾。方用自拟补肾滋阴汤。

3. 气阴双补法：适用于饮食尚可，精力不充，午后乏力明显，少语懒言，夜尿多，不渴或渴不多饮。治宜益气养阴，方用自拟气阴兼固汤。

4. 滋肾益气法：适用于形寒畏冷，精神萎靡，形容枯槁，腰膝酸软，食少便溏，视力锐减。治宜滋肾益气。方用加味金匮肾气丸。

养阴清热法及滋阴补肾法适用于病之初，中期，气阴双补法和滋肾益气法适用于病之中后期。

Treatment of Xiao Ke Disease Based on Syndrome Differentiation

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Diabetes is a kind of chronic consumptive disease which is charaterized by polydipsia, polyphagia, polyuria and weight loss. According to some historical documents, it has been 2,000 years since the traditional Chinese doctors began to treat this diseaes. Doctors through different years have made careful studies on its diagnosis and the usage of proper medicine. They all have made considerable achievements. Based on years of my clinical practice, I sum up my own experience as 4 methods according to the different symptoms and signs of each patient. 1. Nourishing Yin and clearing away pathogenic heat. This method is for the cases of dryness of the mouth and tongue, thirsty and desire for drinks, polyphagia but with no obvious sign of emaciation. Therapeutic principle is nourshing yin and clearing away pathogenic heat. The suggested recipe is Yangyin Qingre Tang. 2. Nourishing Yin and the kidney. The method is for thecases of dryness of the mouth and tongue, no desire for water or drinking but with a little insomnia, dreaminess, emaciation. They should be treated by means of nourishing Yin and tonyfying the kidney with the recipe of Bushen Ziyin Tang. 3. Nourishing both vital energy and Yin. This is for the patients with normal diet, deficiency of energy, lassitude in afternoon, disinclination to talk, polyuria at night, feeling no thirsty or thirsty with no desire for much water. It can be treated by means of supplementing vital energyand nourishing yin. The recipe is Qi Yin Jiangu Tang. 4. Tonifying the kidney and benefiting vital energy. This is for cases of chilliness and aversion to cold, listlessness, sallow complexion, lumbago and weakness

of legs, poor appetite, loose stool, rapid visual ioss. This should be treated by means of tonifying the kidney and benefiting vital energy. The recipe is Jiawei Jingui Shenqi Wan.

The first and second methods are for the early and middle stages of the patients and the third and fourth are the middle and late stages.

糖尿病论治宜以瘀为本

沂源县中医院　刘乃元　张冬梅

结合临床经验，参考了近几年关于糖尿病论治的文献资料。提出了糖尿病的病机——以瘀为本，以肺燥、胃热、肾虚为标。分析了瘀血病机的发生与其它病机的相互转化，阐述了瘀血症的分类，扼要地提出了消渴并发症的发生及防治原则和活血祛瘀在治疗糖尿病的重要性。揭示了新病机理论应用于临床后的消渴病预后的新前景。

16R

Treating Diabetes Base on Blood Stasis

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We suggest the pathogenesis of diabetes is like that: The root of this disease is blood stasis, while lung dryness, stomach—heat, Asthenia of kidney is the branch of this disease.

In this article, we analysed how blood stasis happened and how blood stasis and other pathogenesis changed into each other. We also explained the classification of blood stasis. We have especially pointed out the onset, the preventing and curing rule of Xiao Ke disease. The importance of removing blood stasis in treating diabetes is indicated and we have got a good effect by using this method.

消渴病从阴消阳消论治

河南中医学院　王天德
整理者　陈锈锋　黄　涛　吴　涛　李　哲

本人根据多年临床经验和理论探讨，初步摸索出了消渴从阴阳论治的新经验。明代张景岳曾对此作以论述，然未尽其明。

本人愚见，消渴以三多一少定性，临床证治可按阴阳分型，即分为阳消和阴消。以便秘溲赤为主证者称阳消；以便溏，小便清长为主症者称阴消。并以阴阳消长规律图阐其机理。在此基础上，自拟千金消渴乐Ⅰ号、Ⅱ号分而治之。阳消乃阳气相对偏亢所致，故以消渴乐Ⅰ号滋阴清热而治之；阴消五脏阳气衰微，特别是脾肾阳虚，故以消渴乐Ⅱ号补气温阳为主而治之。把握此点，再结合其它临床症状，兼而顾之，则可执简驭繁，而收奇效。

余按阴阳辨证论治消渴治疗千余病人，概得良效。认为有必要展于笔下，以与共识者相互切磋。

Treatment of Diabetes by Differentiating into Yin－type and Yang－Type

Wang Tiande, Chen Jinfeng, Huang Tao, Wu Tao, Li Zhe
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Based on years of clinical practice and research, the author advances a new theory on treatment of diabetes by differentiating. Yin－type and Yang－type. Zhang Jingyue (1563－1640) in Ming dynasty mentioned this but failed to complete the datails.

Diabetes is charactarized by polydipsia, polyphagia, polyura and emaciation. Through the clinical practice, the author divides the syndrome into Yin－type diabetes and Yang－type diabetes. The diabetes with main manifestations of constipation and scanty dark urine is determined as Yang－type, Loose stools and copious clear urine as Yin－type. The mechanism is explained by the principle of "growth and decline between Yin and Yang".

"Qianjin Xiaokele I" and "II" were formulated to treat Yang－type and Yin－type diabetes respectively. Yang－type diabetes is due to relative hyperactivity of Yang, so "Qianjin Xiaokele I" can be used to nourish Yin and clear away heat. Yin－type diabetes is due to the deficiency and weakness of Yang in five Zang－organs, especially spleen－Yang and kidney－Yang, So "Qianjin Xiaokele II" can be used to invigorate Qi and warm Yang. Besides, the other clinical symptoms and signs must be considered in order to get the good results.

So far, the author has treated over one thousand of patients by differentiating diabetes into Yin－type and Yang－type, and achieved satisfactary therapeutic effects, Therefore, the auther presents this paper to the medical colleagues for academic exchange and reference.

糖尿病的辨证施治

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糖尿病的辨证要点是 1. 辨年龄：NIDDM 多发于中老年，偶有少年患者。年龄越小，发病越急，病情越重，预后较差。中老年发病者，病情较轻，但常有痈疽、肺痨、心、脑、肾、眼并发症。2. 辨标本：此病阴虚为本，燥热为标，病初多以燥热为主，日久以阴虚为主，进而阴阳俱虚。3. 辨本证与并发症：多饮、多食、多尿、消瘦为本证，痈疽、眼疾、心血管疾病为并发症。

本病的治疗原则：上消肺热津伤，治法清热润肺、生津止渴，白虎加人参汤；中消胃热炽盛，治法：清胃泻火，玉女煎；下消肾阴亏虚用六味地黄丸，阴阳俱虚用金匮肾气丸。兼有血瘀者活血化瘀；合并痈疽者清热解毒；合并白内障者滋补肝肾精血；合并劳咳者养阴润肺止咳；合并泄泻者温补脾肾；合并昏迷亡阳者回阳固脱，亡阴者益气养阴固脱。

Treatment of DM According to Syndrome Differentiation

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The main points of syndrome differentiation: (1) Differentiation of age: Majority of DM are middle and old aged, minority are young. The younger the age is, the more emergent the onset, the more serious the condition the worse the prognosis is. The middle and old aged patients have a chronic onset and a long duration similar to the consumptive disease, with many complications. (2) Differentiation of superficial and origin. The origin is Yin deficiency; the superfitial is dryheat. The early stage is predominantly manifested as dryness heat. After a long duration, the predominance is Yin deficiency, later on, both Yin and Yang are deficient. (3) Differentiation of original symptoms polyphagia, polydip sia, polyuria and weight loss and complications. The principle of treatment: The upper Xiao should be treated by clearing away heat and moistening lung, producing body fluid and quenching thirst. Middle Xiao is caused by exuberance of stomach heat, and should be treated by clearing away stomach and purge heat, nourishing Yin and promoting the production of body fluids. The lower Xiao : one kind is caused by deficiency of kidney Yin, should be treated with nourishing Yin and strenthening kidney. The treatment of complications: The blood stasis syndrome treated with promoting blood circulation and removing blood stasis. The carbuncle and gangrene should be treated by clearing away heat and toxic material. The catarct should be treated by nourishing liver and kidney, supplementing essence and blood. The phthisical cough treated with nourishing Yin and clearing away heat, moistening lung and antitussive. The diarrhoea should be treated by warming and replenishing spleen and kidney.

用中医药治疗糖尿病辨证论治体会

黑龙江省哈尔滨市省病犯监狱医院　李淑芬　于占友

遵循中医四诊八纲，辨证施治的原则。结合西医诊断，采用辨病与辨证相结合的方法，用药针对性强、因而效果好。如临床症状不明显时，结合药理研究适当选用降糖降脂的中药，采用辨病用药，临床多获良效。除用望、闻、问、切宏观辨证查明症状外，还要与微观辨证相结合，重视血糖、尿糖、酮体以及合并症的检查，对疾病的证型、病因病机、病位以及所有可能得到的定性，定量检查资料，经验证明，治疗中不断复查，以判断疾病的进退。当症状消除，但血糖偏高者，此时组方选药便重用有降糖作用的中药。在本文处方中，经药理研究证实，出现频率较高，有降糖作用的中药如人参、麦冬、黄芪、白术、苍术、黄精、生熟地、玄参、知母、天花粉、玉竹、枸杞子、首乌、五味子、仙灵脾、葛根、泽泻、茜草、菊花等。治疗合并症用药也是如此，如合并皮肤感染者用黄连、黄芩、黄柏、蒲公

英、马齿苋等清热解毒药，根据现代药理研究证明，这些都是有广谱抗菌作用的药物。

The Treatment of Diabetes by Medicinal Herbs According to Syndrome Differentiation

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Based on the principle of differentiation of symptoms and signs and four diagnos is of TCM, combined with western medical diagnosis, we choose treatment method for diabetes and often achieve good effect. In the case of no evident clinical symptoms, we select some herbs which have the function of reducing blood suger and lipid. Besides the inspection, inquiring, listening, and palpation of TCM, We also test the blood sugar, urine sugar and ketone. By repeating these examinations, during treatment, we make the assessment whether the disease is getting worse or better. If the symptoms disappear, and blood sugar still high, We increase the dose of herbs which have the function of reducing suger demonstrated by pharmacology. The common herbs are as following: Ginseng, tuber of dwarf Lilyturf, milkvetch, large—headed atractylodes, chinese atractylodes, solomonseal, rehmannia, root of zhejiang figwort, rhizome of wind—weed, root of chinese tricho santhes, drug solomonseal, fruit of chinese wolfberry, multiflower knotweed, fruit of chinese magnoliavine, root of kudzuvine, oriental water plantain, madder, chrysanthemum etc. If complicated with skin infection, use chinese gold thread, skullcap, corktree, dandelion, purslane. These have the function of clearing away heat and detoxification. Modern pharmacology shows they also have antibiotic function.

用祖国医学论治消渴病

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两千多年前，在《内经》中就有关于消渴病的记载，《素问·奇病论》说："肥者令人内热，甘者令人中满，其气上溢转为消渴。"《金匮要略》说："渴欲饮水，口干舌燥者，白虎加人参汤主之"。根据祖国医学的理论，我们结合临床实践，把消渴病分为三型辨证论治。1. 燥热伤阴型，治则清热滋阴，益气生津，用消渴Ⅰ号方：生石膏、花粉、知母、黄连、沙参、山药、人参。2. 气阴两虚型，治则益气生津，用消渴Ⅱ号方：人参、熟地、麦冬、五味子、生地、山药、乌梅、山萸肉等。3. 阴阳两虚型，治则调补阴阳，用消渴Ⅲ号方：熟地、人参、泽泻、山药、丹皮、枸杞子、附子、仙茅、仙灵脾、山萸肉等。

Treatment of Diabetes by TCM

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We have classified diabetes into three types and made the treatment principle based on it.

(1) The type of dryness—heat evil depleting Yin: the treatment principle should be clearing away heat, nourishing Yin, supplementing Qi and producing saliva. The herbs are plaster stone,. root of Chinese trichosanthes, rhizome of wind—weed, Chinese gold thead, root of straight ladybell, chineser yam rhizome, ginseng.

(2)Both Yin and Qi deficiency: the treatment principle should be replenishing Qi and nourishing Yin. The herbs are rehmannia, chinese yam rhizome, ginseng, root bark of peony, tuber of dwarf lilyturf, fruit of chinese magnoliavine, smoked plum, root of herbaceous peony, fruit of chinese wolfberry, root of straight ladybell, fruit of medicinal cornel, root of red rooted salvia, motherwort and earth worm.

(3) Both Yin and Yang deficiency: the treatment principle should bereplenishing Yang and nourishing Yin. The herbs in the DM formula Ⅲ are rehmannia, ginseng, oriental water plantain, chinese yam rhizome, root—bark of poeny, fruit of chinese wolfberry, mankshood, galangal, fruit of medicinal cornel, leatherleaf milletia, unpeeled root herbaceous poeny.

浅谈老年糖尿病的合理用药

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老年糖尿病病证复杂，并发症多，合理用药至关重要。近年来，我们根据“内经”中，“人之所有血与气耳”的理论，大胆的将人体衰老机制在于“气血失调，气虚血瘀”的新观点应用于临床。将传统的滋阴润燥、生津止渴、温阳滋肾固摄等对糖尿病的传统治则，改为“调补正气、扶正固本”的新治则，以“活血化瘀”作为治疗和预防并发症的有效方法。

1. 养血活血。近年来血液流变学的观察所示，糖尿病病人的血液粘稠度偏高，这也是该病并发心脑血管疾病的重要病因之一。所以，养血、活血法治疗血液粘稠度偏高的病人是十分有效的，方用四物汤加丹皮、三七。2. 调补正气，扶正固本，用八珍汤，十全大补汤。治疗阳虚气弱，脾衰肺损脉象虚弱等证。3. 滋阴降火，兼顾脾胃，用六味地黄汤加黄芪、苍术、党参。

AdeqUate Medication for Senile Diabetics

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Senile diabetes is more complicated with more complications. According to the theory in the Internal Classics, we adopted the new idea that the mechanism of senility is due to the imbalance between Qi and blood, the Qi deficiency and blood stasis, and applied it in clinic. We substituted the principle of regulating and invigorating vital Qi and strengthening body resistance and consolidating the constitution, for the traditional principle of " nourishing Yin and moisten dryness, producing body fluid to quench thirst, warming Yang, nourishing kidney and arresting discharge". The method of nourishing and activating blood may reduce the blood viscosity. Si Yang Tang mȯdification was applied in this condition. The Ba Zhen and Shi Quan Da Bu Tang is applied to regulate and strengthen the body resistance and consolidate the constitution. The modification of Liu Wei Di Huang Tang was used to nourish Yin and remove fire, nourishing spleen and kidney in the mean time.

浅谈糖尿病的中医疗法

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糖尿病祖国医学称“消渴病”，临床表现为多饮、多食、多尿，血糖增高及糖尿。病因病机：(一)、情志不畅郁而化火，耗伤津液。(二)、恣食肥甘，酿成内热，燥伤胃阴。(三)、体质素虚、肾阴不足，阴亏阳亢。辨证施治：根据本病多饮、多食、多尿的特征，临床分为上消、中消、下消三种类型。

一、上消：以大渴引饮，随饮随渴为主症。治则：甘寒润肺、清热生津。处方：沙参 100 克，天冬 50 克、麦冬 50 克，天花粉 50 克，葛根 15 克，五味子 15 克。

二、中消：以多饮善饥，形体逐渐消瘦为主症。治则：养阴润燥、清胃泻火。处方：生地 50 克、熟地 50 克、天冬 50 克、麦冬 50 克、山药 25 克、玄参 25 克、黄连 15 克、玄明粉 7.5 克。

三、下消：以多尿而频数为主症。治则：滋阴固肾。处方：生地 50 克、天冬 50 克、麦冬 50 克、沙参 50 克、益智仁 25 克、枸杞子 25 克、沙苑子 50 克、覆盆子 25 克。

以上处方对糖尿病有一定疗效，临床运用可以随症加减。

The Treatment of DM with TCM

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The etiology and pathogenesis of DM is: (1) The stagnation of emotional stress elic-

its fire, thus consumes the body fluid. (2) Irregular fat and sweet diet produces endogenous heat, thus impires the gastric Yin by dryness. (3) General deficiency of constitution, deficiency of kidney Yin leads to hyperactivity of Yang. Treatment according to syndrome differentiation. The types of upper, middle and lower Xiao is divided according to the characteristic of polydipsia, polyphagia and polyuria. The upper Xiao should be treated with drugs sweet in flavor and cold in nature to moisten the lung, clear away heat and produce body fluid. The middle Xiao should be treated with the principle of nourishing Yin and moistening dryness, clearing away stomach heat and purge heat. The lower xiao should be treated with the principle of nourishing Yin and reinforce kidney.

浅谈糖尿病从肾论治

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糖尿病是一种漫性进行性内分泌疾病。它属于祖国医学消渴病范畴。中医认为病因除体质因素外，与过食脂膏、嗜酒和精神紧张，过度耗损肺、脾、肾诸脏有关。但病本在肾，因为肾藏精主水为全身阴液的根本。推其病理则均为积热伤阴、阴虚火盛，出现阴伤燥热现象，临床表现以三多一少为主症。

前人对本病的辨证与治疗，一般取滋阴清热法，从肺、脾、肾三脏入手，治消之方数以百计。我们治疗本病，从补肾着手，将本病分为五型即：肾阴亏损、燥热入血、气阴两虚、气虚血瘀、阴阳俱虚。自拟"抗糖灵"Ⅰ—Ⅴ号系列药物，取得了较好的疗效。合并冠心病者，用冠心灵Ⅰ—Ⅴ号，合并肾脏病变用糖肾灵Ⅰ—Ⅲ号，合并视网膜病用糖视灵Ⅰ—Ⅱ号，合并神经病变用糖周灵Ⅰ—Ⅲ号。

On the Treatment of Diabetes by the Way of Curing Kidney

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In the view of TCM, the pathogenesis of DM is related to overeating of fat, heavy drinking and mental stress, thus lead to the damage of lung, spleen and kidney. The origin of disease is located at kidney, because the kidney stores the essence of life and regulates the water metabolism, is the root of the body fluid of all the body. It's pathogenesis are all due to the retention of heat damages the Yin, deficiency of Yin leads to the exuberance of fire, thus leads to the plenomena of damaged Yin and drying heat. The manifestiation was polydipsia, polyphagia, polyuria and weight lost. We divided DM into 5 types: (1) the deficiency of kidney Yin (2) the impairment of blood by dry—heat—evil (3) the deficiency both of Qi and Yin (4) the blood stasis due to the deficiency of vital energy (5) the deficiency both of Yin and Yang. We treated DM from replenishing the kidney.

Based on the theory of TCM, we made up a series of prescriptions named" Kang Tang Ling" No. 1——5. In the case of diabetic renopathy, Tang Shen Ling was used; the diabetic retinopathy, Tang Shi Ling was used; the diabetic coronary heart disease, Guan Xin Ling was used; the diabetic neuritis, Tang Zhou Ling was used. And the good effect had been achieved.

中药治疗糖尿病的实验研究进展

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糖尿病是临床常见病、多发病，而且是疑难重证之一，针对糖尿病的治疗，广大中医工作者开展了大量的工作，尤其是近十年来，随着科技进步，各种实验设备的完善，中医药研究治疗糖尿病更趋系统化、科学化。本文在中药治疗糖尿病的动物和临床实验研究二方面概述了 1980 年以来中药治疗糖尿病的实验研究情况。并针对目前在中药治疗糖尿病的实验研究方面存在的问题提出了几点设想并指出进一步开展中药治疗糖尿病的实验研究任务十分艰巨，但它将加快中医防治糖尿病的进程，为中医防治糖尿病开辟出一条快捷高效的途径。

The Development of Experimental Research for Treating Diabetes with TCM

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This thesis summarized the status of the experimental research of treating diabetes with TCM since 1980 in both respects of animal and clinical experimental research. Then advanced our tentative plans in accordance with the questions existing in the experimental research for treating diabetes with TCM. In addition, it pointed out that the task will be very arduous to research further. It will quicken the process of which doctors of TCM to prevent and cure diabetes, meanwhile, open a rapid and efficient road for preventing and curing diabetes.

辨证治疗糖尿病合并脑血管病 21 例临床分析

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本文通过对 21 例糖尿病合并脑血管病患者的临床观察，发现以缺血性中风多见。中医辨证分期：20 例为中经络，1 例中腑；采用症状积分法：以肝肾阴虚、风阳上亢为多见，依次为气阴两虚、瘀血阻络及风痰瘀血痹阻脉络。主要病机为气阴两虚，脑脉瘀阻。中药治疗以益气阴、化瘀血、消风痰。总有效率 95%。通过观察分析表明，本病大都存在血液流变学异常，以全血粘度、全血还原粘度及纤维蛋白原增高为主，并可作为“瘀”的客观指标，而血脂增高为“痰”的客观指标，给予化瘀通络、息风化痰治疗。将现代医学检测的微观手段作为传统中医宏观辨证的补充，有助于诊断、防治及疗效观察。

Clinical Study on Treatment of 21 Diabetic Cerebrovascular Disease According to Differentiation of Syndromes

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In this paper, we had studied 21 cases of diabetic cerebrovascular disease, and had found that most of them were cerebral thrombosis and cerebral embolism. Classfying in traditional Chinese Medicina (CTM), 20 cases were apoplexy involving the meridian and 1 case was apoplexy involving the fu organs. The deficiency of the liver and kidney yin and wind stirring inside due to excess of yang was the main style. The deficiency of Qi and yin, the obstruction in collaterals of blood stasis was the second style. The retention in collaterals of blood stasis and wind—phlegm was the third style. The main pathogenesis was deficiency of Qi and yin and obstruction in collaterals by blood stasis in brain vessels. Treating in TCM, we had used treatment of replenishing Qi and Yin, eliminating blood stasis and wind—phlegm. The total effective rate is 95%. The fasting blood sugar level, tryglycerade. Cholesterol had been reduced ($P<0.01$, $P<0.05$, $P<0.05$, respectively).

After observing and analysing, we had found that most of these patients were abnormal in blood rheology. These index can be regarded as the objective signal of blood stasis, and increasing of blood lipid can be regarded the objective signal of phlegm. From our research results, we think that the modern medical examination are good supplements of Traditional Chinese Medicine, and they were very useful for diagnosis, prevention and treatment.

脉络宁治疗糖尿病性脑血管病疗效观察

北京顺义县中医院　马万千　杨育香

近两年来我们对糖尿病性脑血管病中的脑血栓使用中药脉络宁注射液治疗，疗效满意，报告如下：本组 30 例病人均为糖尿病并脑血栓。男 18 人，女 12 人。糖尿病史 5 年以上者 6 人，1～4 年者 15 人，入院后发现者 9 人。并脑血栓 10 天以上者 6 人，2～9 天者 14 人，1 天以内 10 人。患者中有神志障碍者 3 人，语言障碍者 12 人，肢体障碍者 30 人。住院后治疗以消渴丸 10～15 粒日 2～3 次治疗糖尿病。用脉络宁注射液 20ml 加入 0.9%氯化钠溶液 500ml 内静点来治脑血栓，每日一次，14 天为一疗程。其结果以国家中医药管理局医政司《中风病中医诊断标准》评定，基本痊愈 22 人占 73.4%，显效 3 人占 10%，有效 5 人占 16.6%，总有效率 100%。经过治疗的患者，对糖尿病及其合并脑血栓所引起各种症状体征均有明显改善。证明本药对糖尿病性脑血栓有疗效。

Observatiom of Diabetic Cerebral Infarction Treated With Maloune Injection

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Recently two years, we have found that diabetic cerebral infarction treated with Maloune injection is very well. We elected 30 cases of diabetic cerebral infarction. male18, female 12, DM course: 6 cases, >5 years; 15 cases, 1—5 years; 9 cases were diagnosed in hospital. Diabetic cerebral in farction course: 6 cases, >10 days; 14 cases, 2—10 days; 10 cases, one day; In all the cases, including 9 cases of consciousness disorder , 13 cases of aphasia, 30 cases of akinesia. We treated the patients with XIAO Ke WAN 10—15# tid, PO and maloune in jection 20ml+0.9%NaCl 500ml ivgtt Qd, we treated them in fourteen days, we account China medicine Department 《Cerebral infarction by China Medicine Diagnosis Rules》. The total effective rate is 100%. The data shows that it is effective to treat that diabetic cerebral infarction with Maloune injection.

中医辨治糖尿病肾病 22 例

辽宁省东港市中医院　张　丹

糖尿病肾病是糖尿病的重要并发症之一，治疗棘手。本文治疗 22 例，临床辨证分三型，肾阴虚型、肾阳虚型、气阴两虚型，各型选用相应的治则与方药。治疗结果临床控制 3 例，显效 6 例，好转 9 例，无效 4 例。总有效率为 81.8%。说明中医药辨证治疗糖尿病肾病有效，而且存在优势。

Treatment of 22 Cases of Diabetic Nephropathy According to Syndrome Differentiation

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Diabetes nephropathy is a predominant complication of diabetes. In addition to clinical feature of diabetes. There is also a clinical feature of kidney disease . It is difficult to treat. This series of 22 patients were diagnosed and treated with TCM.

They were divided into three classes: kidney Yan Deficiency, kidney Yin deficiency Qiying deficiency. We used the corresponding tonifying kidney recipe. The result of the treatment is satisfactory.

经验方治疗糖尿病性肾病 51 例临床观察

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糖尿病性肾病是糖尿病患者并发症发病率较高的一种疾病，也是糖尿病患者最终死亡原因之一，近年来临床报道渐多，本病临床治疗不甚理想。本文从中医角度对本病以轴心用药为基础进行辨证论治，其轴心药为全蝎、地龙、淫羊藿，并根据临床表现分为三型，即阴虚火旺型，气阴两虚型，湿热内蕴型，并伍以不同药物进行治疗。随机分为中医治疗组（51 例）和西医治疗组（33 例），共计 84 例。二组治疗结果经统计学处理无显著性差异。但中医治疗组无副反应发生，且对临床重症糖尿病肾病患者有明显的支持作用及延缓疾病进程的作用。

The Clinical Observation of The Diabetic Nephropathy Treated With Proved Recipe（51 CASES）

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The curative effect of diabetic nephropathy is so far notsatisfactory. We, therefore, try to conduct diagnosis and treatment based on overall analysis of symptoms and signs with axis medicine from the standpoint of TCM. The Axis medicine is made mainly of scorpion, earthworms and epimedium. Based on the clinical symptoms the disease is divided into three types as follow: 1. hyperactivity of fire due to Yin deficiency, 2. deficiency of both Qi and Yin 3. retention of damp-heat in the interior which are treated with different medicine. The patients are divided into two groups one of which is treated with western medicine (33 cases) and the other with TCM (51 caese). There is no notable difference after treatment. But the group which receives TCM has no medicinal side effect as the group treated with western medicine. The TCM has striking supporting effect in delaying the deterioration of serious diabetic nephropathy.

糖尿病肾病的中西医治疗经验

武汉市 161 中心医院　吴绪祥
广东惠州市中心人民医院　张育民

糖尿病肾病是糖尿病的主要并发症，是其致死的三大主要原因之一。近年来，许多学者运用中医理论及现代科学技术对糖尿病肾病进行了大量的研究工作。作者采用中西医结合治疗，在控制血糖的同时，配合中药辨证论治，早期以益气养阴、活血化瘀为主，晚期以补肾健脾兼以活血为主，治疗糖尿病肾病获较好疗效，同时作者指出对糖尿病肾病肾衰透析的病人活血化瘀药应慎用，以防出血。

Experiences on the Treatment of Diabetic Nephropathy by Traditional Chinese Medicine

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Diabetic nephropathy is one of the main diabetic complications. It is also one of the three reasons causing death. In recent years, many scholars who combined the Traditional Chinese medicine with mordern scientific results has done a large number of research work and put forward some new views of blood stasis and asthenia of kidney and acquired a fairly achievement. We used their new views and experienecs to combine the Traditional Chinese Medicine with western medicine to cure diabetic nephropathy. In the process of curing diabetic nephropathy, we achieved a better result and had a fairly experience for reducing clinical symptom and controlling disease expansion.

Many scholars have done a lot of research on diabetic nephropathy by the way of both modern science and TCM, and drawn the conclusion that insufficiency of kidney and blood stasis is the main mechanism. The author adopted the way of combining TCM and western medicine. Chinese herb treatment according to syndrome differentiation was used along with control of blood sugar. In early stage, replenishing vital energy, nourishing Yin, activating blood circulation and removing blood stasis was mainly applied; in late stage, tonifying kidney and strengthen spleen, accompanied with activating blood circulation was mainly applied.

The therapeutic result of diabetic nephropathy was totally effective. The author also shows that the drug of activating blood circulation and removing blood stasis should be used continuously on the diabetic nephropathy patients who were receiving dialysis therapy so as to prevent hemorrhage.

糖尿病性肾病中西医结合治疗的体会

北京中日友好医院　庞宝珍

糖尿病肾病(DN)，又名糖尿病肾小球硬化症。在糖尿病的基础上，临床早期多出现间歇性蛋白尿，继之持续性蛋白尿，或发生大量蛋白尿，成为肾病综合征；后期肾功能逐渐减退，进入尿毒症是糖尿病的主要死因之一。

本病属于祖国医学消渴病继发水肿、胀满、尿浊、关格等病证范围。糖尿病肾病发病率高，目前缺少有效疗法。

中医学认为消渴日久，肾气虚衰，肾水不足，燥热未清，热灼津伤，气虚水停，脾肾俱虚，络脉瘀阻，输化无权，水液潴留所致。我们采用中西医结合的办法治疗观察8例，分为3型：其中表现为水肿，头晕，尿浊明显者（3例），属脾肾两虚，用金匮肾气丸、实脾饮加减；表现气短乏力，口渴饮引，纳少尿浊便干，浮肿不明显者（3例），属阴虚热盛，气阴不足。采用杞菊地黄丸加减；表现口干不欲饮，乏力，舌有瘀斑，尿浊者（3例），属气虚水停，络脉瘀阻，采用八珍汤加红花、丹参、益母草、白茅根治疗。疗程1～4个月，有7例明显好转，总有效率达87%。中医药治疗糖尿病肾病可以改善水肿，乏力，食欲不振，尿浊等症状；并有减少尿蛋白，降低血清肌酐和尿素氮等良好作用。

The Treatment of Diabetic Nephropathy by Combination of TCM and Western Medicine

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Diabetic nephropathy is also named diabetic glomerulosclerosis. Based on DM, an intermittent proteinuria appears at early stage in most cases, a continuous proteinuria succeeds, the volume of urinary protein main as large as can become nephrotic syndrome. At late stage, the renal function deteriorates gradually, uremia is acquired at last, which is the chief cause of death of DM.

The disease belong to the category of TCM's Xiao Ke disease followed by edema, abdominal distension, turbid urine and dysuria with incessant vomitting with a high incidence and lack of effective therapy.

The Xiaoke lasts for a long time will lead to the deficiency of renal Qi and insufficiency of renal water. The uncleared dryheat will cause consumption of the body fluid, the deficiency of Qi will lead to stasis of water and both the spleen and kidney deficiency.

We obsereved 8 cases treated with combination of TCM and biochemical drugs. Among them, 3 cases manifested as edema, dizzyness and turbid urine, belonged to both deficiency of kidney and spleen, treated with modification of Jin GuiShenqi Pill and Shipi decoction. 3 cases manifested as shortness of breath, fatigue, thirsty, loss of apettite, turbid urine and collstipation without obvious edima, belonged to Yin deficiency and heat exuberance, both insufficiency of Qi and Yin, treated with modification of QijuDihuang pill. Another 2 cases manifested as thirsty without desire to drink, fatigue, echymoses of the tongue and turbid urine, belonged to Qi deficiency, water retention and obstruction of conaterals, treated with Bazhen Tang added by safflower, red sage root, motherwort, cogongrass rhizome.

The therapeutic course is from 1 to 4 months, 7 of them improved markedly. The total effective rate is 87%. The treatment of diabetic nephropathy with TCM can improve edima, malaise, loss of appetite, turbid urine, reduce urinary protein, lower serum Cr and BUN.

西吉交泰散为主治疗糖尿病肾病 8 例报告

河南省周口地区中医院　张俊忠　谷廷延　付　军

结合临床详细论述了消渴病的根本病理机制是“心肾不交”的学术观点。认为心肾不交，心火不能下降以温肾阳而燔灼上焦，形成干渴饮水无度的上消症状：肾水不能上升以济心阴而泛滥下焦，形成小便清白量多的下消症状，中消症状表现不一，有纳食倍增者，是因为心火燔灼为主以至“母旺子狂”，也有纳食减少者，是因肾水泛滥以至水返侮土。心肾交泰的实现又有赖于三焦的通畅无阻。依这一观点，创制了西吉交泰散，用于临床，每收良好疗效。

文中报告了 8 例 DN 病人，以西吉交泰散为主的综合治疗后，有 4 例获良效，尿蛋白持续转阴，3

例明显好转，1 例无变化。其中 4 例伴有不同水肿者治疗后水肿全部消退，后附 8 例 DN 患者的治疗概况简表。

The Effects of " Xi Ji Jiao Tai San" on 8 Cases of Diabetic Nephropathy

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According to our experiences, the imbalance between heart and kidney is the cause of DM. Heart fire is unable to descend to warm kidney—yang but burns upper warmer, thus results in polydipsia and polyposia. Kidney—water is unable to ascend to nourish heart—yin but affects lower warmer, thus results in polyuria. Middle warmer symptoms are variable. Polyphagia is resulted from the burning of heart fire in the way of "Exuberance of mother organ leads to the hyperactivity of child organ." Anorexia is resulted from the overflow of kidney water in the way of " water reversely restricting the earth." Based on above theory, we have produced " Xi Ji Jiao Tai San".

8 cases of diabetic nephropathy had been treated with " Xi ji Jiao Tai San". The result shows the urinary protein turned nagetive and detumescence appeared in 4 cases, improvement in 3 cases but one is effectiveless.

辨治糖尿病并发高血压症 36 例临床观察

鞍山市铁东区中医院　郭连川

糖尿病并发高血压症，西药治疗近期疗效虽佳，远期效果并不理想，长期使用还可产生某些弊端，中医学运用辨证论治的整体观，采取异病同治，同病异治，标本兼治的原则，取得满意疗效。

本组病例皆符合糖尿病的统一诊断标准，对于先患糖尿病，后患高血压，血压在 21/13kpa 以上，排除其它原因的继发性高血压，可诊断为糖尿病并发高血压症。

36 例中男 20 例，女 16 例，平均年龄 51 岁，病程最长者为 10 年，最短 2.5 年，有糖尿病家族史者 7 例。

36 例糖尿病并发高血压症患者中，显效 15 例占 41%，有效 16 例，占 44%，无效 5 例，占 15%。

A Clinical Observation on The Treatment of 36 Cases With DiabetesAccompanied Hypertension on TCM Differentiation of Syndromes.

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Tie Dong Ease Area Hospital of TCM Anshan

Diabetes accompanied hypertension, though efficacy of western medicine was better

for the moment, would result in abnormal consequence. The science of TCM use the whole theory according to differentiation of signs. Employing the principle of treating different disease by the same means or treating the same disease by different means, we got a good efficacy.

This group (36 cases) all met the standard of diagnosis for diabetes, have hypertension, the blood pressure was above 21/13 kPa. Of the 36 cases, 15 were markedly effective (41%), 16 were effective (44%), and 6 ineffective (15%).

糖尿病性高血压的发病机理与辨证施治

山东泰安市中医院　孙灿伦

本文主要论述了糖尿病性高血压的发病机理，旨在运用辨证施治的整体观，采取异病同治，同病异治、标本兼顾的治则。既针对了糖尿病的基本病理，又可解决高血压的病理变化，并密切结合临床，取得了显著疗效。

糖尿病性高血压的发病机理有以下特点：

1. 高胰岛素与水液潴留；2. 主动脉粥样硬化；3. 血液粘稠度增强和凝固性增强；4. 肾脏病变、5. 神经系统作用。

祖国医学对糖尿病性高血压的病机及治疗可归纳如下：

1. 肝肾阴虚，风阳上亢：治宜育阴潜阳，凉肝熄风；2. 痰湿中阻，浊阴不降：治宜健运分消，疏导降浊；3. 气阴两虚，瘀血阻络：治宜益气养阴，活血化瘀；4. 阴阳并损，虚阳上僭：治宜滋阴助阳，潜阳降逆。

Pathogeny and Treatment According to Syndrome Differentiation of Diabetic Hypertension

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Pathogenesis of diabetic hypertension is described with diagnosis and treatment based on overall analysis of the illness and the patient's condition being suggested. Diagnosis according to the basic pathology of DM in combination with clinical observation and treatment both the root cause and symptoms by various ways received significant curative effect.

The mechanism of diabetic hypertension is: (1) hyperinsulinemia and water retension (2) aortic atherosclerosis (3) increased blood viscosity and coagulation (4) renal disorder (5) neurological effect.

The mechanism of diabetic hypertension can be summarized in the view of TCM: (1) both Yin deficiency of liver and kidney, the abnormal rise of liver Yang (2) phlegm wetness retention evil in the spleen, failure in sending down turbid Yin (3) both deficiency of Qi and Yin, collaterals obstructed by blood stasis, injury of both Yin and Yang, upward floating of Yang in deficiency condition.

The treatment should accord to correspondent syndrome.

祛寒利湿通脉汤治疗糖尿病性动脉硬化闭塞症 18 例临床报告

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阿城市省纺织印染厂医院　朱亚杰

本文应用祛寒利湿通脉汤（黄芪、当归、元参、肉桂、丹参、金银花、牛膝、赤芍、白芍、鸡血藤、苍术、黄柏、防己、威灵仙、木瓜、甘草）随证加减治疗因糖尿病性动脉硬化闭塞症引起的肢体急慢性缺血及肢体坏疽症 18 例。有 15 例彩色多普勒证明患肢动脉不完全或完全闭塞。治疗结果：临床症状体征明显好转或改善者 16 例，无效 2 例。对照组未用中药，11 例有效 5 例，无效 6 例。彩色多普勒检查治疗前后血流增强者治疗组 13 例，对照组 2 例，统计学处理有显著差异（P<0.01）。

Clinical Report on Decoction of Dispelling Cold, Removing Dampness and Promoting Blood Circulation used in the Treatment of 18 Cases of Diabetic Arteriosclerotic Obliterans

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We applied the self—drafted therapy for expelling cold—evil, promoting diuresis to eliminate wetness—evil, promoting blood circulation to treat 18 cases of acute and chronic ischemia of limbs as well as limbs gangrene caused by diabetic arterio—sclerotic obliterans, of which male patients are 16 cases, female, 2 cases, the average age was between 40 to 80 years old. Most of them are 51 to 70 years old, totaling about 77. 77%. All the patients are with a diabetic history of 10 to 30 years. Some of them suffer from not only acute and chronic diabetic arteriosclerotic obliterans, but also other complications of diabetes. Among the 18 cases, 16 are diagnosed as chronic incomplete arterial obliterans, with the help of clinical and instrumental examinations, covering 88. 89%; 2 cases as acute limbs ischemia, 11. 11%. Those whose lesions appear in lower limbs are 17 cases, 94. 44%; only one of the 18 cases whose lesions appear in the upper limbs, 5. 56%.

In contrast, during the same period, there is a control group with 11 cases of patients who were definitely diagnosed as diabetic arteriosclerotic obliterans without being treated with the decoction of medicinal herbs. In the control group, there is no apparent differences with the therapeutic group in their sex, age, history of illness, clinical examination as well as complications. According to the classification of Chinese Traditional Medicine,

our therapeutic group is classified as type of asthenia—cold, type of blood stasis, type of wetness—heat, type of toxic heat flaming. The therapeutic methods are expelling cold—evil.promoting diuresis to eliminate wetness -evil, promoting composition of prescription are as follows, activating blood circulation and dissipate blood stasis. The main prescription of the Chinese Traditional Medicine used are: (1) Radix astragali Seu Hedysari, (2) Radix Angelicae Sinensis, (3) Ridix Scrophulariae Cortex Cinnamomi, (4) Cassia Bark, (5) Radix Salviae Miltiorrhizae, (6) Honeysuckle Flower, (7) Radix Achyranthis Bidentatae, (8) Red Peony Root, (9) White Peony Root, (10) Caulis Spatholobi, (11) Rhizoma atracty Lodis, (12)Cortex Phellodendri, (13)Radix stephaniae Tetrandrae, (14) Radix Clematidis, (15) Fructus Chaenomelis, (16) Liquorice.

On the basis of the syndrome differentiation of Chinese Traditional Medicine, that is, diagnosis and treatment based on an overal analysis of symptoms and signs, add or remove certain ingredients to the main prescription. We did as follows:

A. To type of deficiency of vital energy with symptoms of cold, removing (3) from the main prescription and adding Radix Aconiti Praeparata;

B. To type of blood stasis, removing (11) (13) adding Peach Seed, Safflower, and Rhizoma Ligustici Chuanxiong;

C. To type of dampness and heat, removing (1) and (4), adding Herba Patriniae, Coix seed, Herba Planlaginis, Fructus Cardeniae;

D. To type of serious flaming heat, removing (1), (4), (8), adding Radix et Rhizoma, Root Bark of the Tree Peony, Buffalo Horn.

Result: among the 18 cases of therapeutic group (TG) there are 16 cases whose clinical symptoms and signs are obviously improved, covering 88. 89%; 2 cases are uneffective effect, covering 11. 11%.

By comparison of effective rate between therapeutic group (TG) and control group (CG), concerning the senses of cold and pain in the limbs, 16 cases among 18 in TG, covering 88. 89%; 5 cases among 11 in CG, covering 45. 45%. Concerning improvement of skin color, 15 cases among 18 in TG, 83. 33%; 4 among 11 in CG, 36. 36%. Concerning ecchymoses and cyanosis, 2 cases of the TG with ecchymoses and cyanosis have effect of the sympotoms disappeared or reduced; 2 cases of CG with the same condition showing no effect. Concerning the performance of color Doppler examination, 15 cases in 18 of TG were performed, 13 of them showed blood flow increasing, covering 86. 67%; 8 cases among 11 in CG performed, 2 cases showed blood flow increasing, covering 25%. There are distinctive differences in statistics between the two groups, $P<0.01$.

中药外洗治疗糖尿病下肢并发症经验

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笔者用温阳通络、活血祛瘀的中药浸洗，治疗 13 例糖尿病并下肢闭塞性动脉硬化症及末梢神经炎

患者，使疼痛、麻木、皮肤温度低等症状得以明显改善。处方：

伸筋草　透骨草　海桐皮
五加皮　川红花　当归尾
赤白芍　制乳没　地鳖虫
干水蛭　生大黄　小桂枝
泔苍术　北细辛　生草乌

煎法：以2500毫升水煎煮，沸20分钟。共煎三次，煎液合并计6000毫升左右。

用法：温热药液装在塑料桶中，用毛巾浸湿，在患肢国窝及小腿以下做湿热敷和浸洗，每次30分钟，每天2次，10天为一疗程。

Experience on Treating the Lower Limb Complication of Diabetes With External Treatment by Herbs

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13 Cases of arteriosclerosis obliterans and peripheral neuritis of Lower limbs due to diabetes were treated by soaking with Chinese herbs of activating the meridian by warming and promoting blood circulation to remove blood stasis. Symptoms such as pain, numbness, lower temperature of skin had been improved markedly. The lotion is composed of: herb lycopodil , caulis et folium gaultheriae yunnaensia, cortex erythrinae, cortex acanthopanacis radicis , fios carthami radix angelicae sinensis, radix paeoniae rubra, radix paeoniae alba, olibanum myrrha, eupolyphaga seu steleophaga, hirudo, radix et rhizomma rhei, ramulus cinnamomll, rhizoma atractylodis herba asari, radix aconiti kusnezoffii.

Above herbs were decocted for 20 minutes with 2500 ml water for 3 times, 6000 ml juice was left. Patient's legs were soaked in the warm juice for 30 minutes a time, 2 times a day. 10 days was taken as a course.

糖尿病性肾病兼肢端坏疽二例治验

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两例糖尿病性肾病兼肢端坏疽患者，治疗采用低盐糖尿病饮食，小剂量胰岛素控制血糖，静点丹参注射液，并配方中药外洗。消渴乃阴虚为本，燥热为标，痈疽乃燥热内结，营阴被灼，络脉瘀阻，蕴毒成脓所致。治宜养阴清热，通络解毒。中药外洗方：银花、连翘、公英、地丁、赤芍、红花、当归、桂枝、白花蛇舌草。具有清热解毒、消肿生肌作用。药理研究表明以上药物水煎剂，均有不同程度的杀菌、抑菌作用。故治疗糖尿病性肢端坏疽获较好疗效。

The Experience of Treating 2 Cases of Diabetic Nephropathy along with Gangrene in Lower Extremites.

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The 2 cases of diabetic nephropathy along with lower extremity gangrene were treated with low salt diabetic diet, anti—inflamatory agents, small dose insulin. Dan Sheng injection i. v. drip, herbal decoction and lotion. The recipe of my lotion had the effect of clearing away heat and toxic material, relieving swelling and promoting regeneration of the tissue. It was composed of: honeysilckle flower, capsule of weeping Forsythia, Herb of Tokyo Violet, Dandelion, Red peony safflower, Chinese angelica root, cinnamom twig, olden landia. According to the modern pharmacological research, the decoction of above herhs has the result of killing or inhibiting bacteria, being effective to diabetic gangrene.

紫花烧伤膏治疗糖尿病性溃疡临床观察——附24例报告

济南铁路中心医院　冯晓曦
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糖尿病性溃疡，尤其是糖尿病足是糖尿病的常见并发症，治疗非常棘手。华润康紫花烧伤膏，具有凉血解毒、祛腐生肌、活血化瘀等功能。其特点为低熔点高渗透性无水软膏，与皮肤有较强的亲合力，形成保护膜，有改善微循环，促进创面愈合作用，有利于坏死组织及代谢物排泄，并能较好地预防控制感染。笔者用华润康紫花烧伤膏外涂治疗糖尿病性溃疡24例，取得了满意疗效。

The Observation of Zi Hua Burn Ointment (ZHBO) on the Treatment of the Diabetic Ulcer ————A Report of 24 Cases

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Diabetic ulcer, especially the " diabetic foot" is the common complication of the diabetes, and it is very difficult to treat, ZHBO has the function of clearing away heat and toxic materials, relieving pain, detoxicating, removing blood stasis and blood—heat, and growing muscle. Its characteristic is low melting point and high permeability. The type is water wrap oil and is emulsion. It has a good affinity with skin, and forms a protective cover. It can improve blood microculation, promote the wound healing. It has the advantages of draining of the died tissue and metabolite, the effect of controlling infection is perfect. By means of clinical observation the author finds the curative effect is satisfied by using ZHBO on the treatment of diabetic ulcers.

消渴并发有头疽的治疗体会

长春中医学院附属医院　周健华　赵　玲　李　磊
长春中医学院　李惊殊

笔者采用乳香黄芪散加减治疗消渴并发有头疽53例，收到较好的效果。

治疗方法：

内治：方药组成：人参10克、生黄芪10克、当归15克、川芎10克、白芍15克、生地15克、花粉20克、乳香10克、没药10克、生牡蛎20克、陈皮10克、生甘草10克、何首乌15克。气虚明显者加白术、山药；阴虚明显者加沙参、玄参。红肿明显、发热者加双花、公英、地丁；成脓者加皂刺，穿山甲，白芷。

外治：按常规外科方法处理

治疗结果：

本组病例，经3—6周治疗后，有头疽均痊愈，且血糖尿糖，均有不同的下降，或转正常。

体会：

消渴病并发有头疽乃体虚而标实，故在治时须标本兼顾，若拘于"痈疽原是火毒生"之说，一味清热解毒，则变证丛生，迁延难愈，故笔者在治疗此类痈疽时，以补益气阴贯彻始终，佐用清热解毒之品，决不用大苦大寒之味，可以明显的缩短疗程。

Experience About Treating Diabetes Complicated with Carbuncle (You Tou Ju)

Zhong Jianhua etc.
Changchun College of TCM

53 diabetics complicated with carbuncle were treated with Ruxiang Huang Qi power, the effectiveness is satisfactory.

Method of Treatment

Internal Treatment

Ingredients in the prescription: Radix Ginseng 15gRadix Angelicae Sinensis 15g, Radix Astragali Seu Hedysari 20g, Rhizoma Ligustici Chuanxiong 10g, Adix Paconiae Alba 15g, Radix Rehmanniae 15g, Pollen 20g, Resina Olibani 10g, Myrrha 10g, Concha Osereae 20g, Pericarpium Citri Reticulatae 10g, Radix Glycyrrhizae 10g, Radix Polygoni Multiflori 15g.

Rhizoma Atractylodis Macrcephalae and Rhizoma Dioscoreae are added if the syndromes of qi deficiency are obvious; If the syndromes of Yin deficiency are evident, Radix Adenophrae and Radix Scrophalariae are added; Flos Lonicerae, Herba Taraxaci and Herba Violãe are added for those who have obvious red swelling and fever; Spina Gleditsiae Squama Manitis and Radix Anglicae Dahuricae are added for the supuration.

External Treatment

Handle according to the routine surgical methods.

Results

Carbuncle of those patients were fully cured for 3—6 weaks after treatmeat, blood sugar and urinary glucose dropped in different degrees.

Experience

Diabetes Complicated with carbuncle is caused by deficiency of constitution and excess of superficiality , so both the origin and superficiality must be treated at the same time. If we rigidly adhered to the saying" Boils are caused by fire—toxin", and only cleared away heat and toxic material, it would be difficult to be cured. So when the author treats this kind of boils, the method of invigorating qi and yin is used from beginning to end, drugs of cleaning away heat and toxic material are adjuvantly used, herbs extremely bitter in taste and cold in nature are not used firmly, the course of treatment may be shorten evidently.

糖尿病并发疖肿的中医治疗

河南省新乡市第二人民医院　吴琪玉

糖尿病并发疖肿可导致糖尿病病情加重，且难以控制。严重者还可发生糖尿病酮症酸中毒和败血症。笔者自 88—93 年，采用自拟“解毒降糖汤”（主药：银花、连翘、公英、当归、赤芍、黄芪、花粉等），口服为主与局部治疗相结合的方法，治疗糖尿病并发疖肿 18 例，取得显著疗效。

本组 18 例患者，均确诊为 NIDDM 病人。疖肿部位以颈部为主，散在多发性疖肿 9 例，腰部及臀部单发疖肿 4 例，四肢多发疖肿合并湿疹 3 例，面部多发炎性疖肿 2 例；其中合并高热者 10 例，合并患部附近淋巴结肿大 8 例。经解毒降糖汤等治疗后，显效 8 例，有效 8 例，无效 2 例，总有效率 88.8%。

Treatment of Diabetic Furuncle and Painful Swelling of the Body Surface

Wu Qiyu

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The diabetes mellitus induced furuncle and painful swelling of the body surface with the medication of detoxication and diminish diabetes, satistactory therapeutic effects were obtained.

The group age: from 48 to 67, the shortest disease course was one year and the longest disease course was ten years.

The result showed that 8 cases were cured or markedly effective (44. 8%), 8 cases were effective (44. 4%) and 2 cases ineffective (11. 2%), exhibiting 88. 8% of the total effective rate.

That is to say, this therapy has detoxified and promoted the subsidence of swelling by regulating blood vessels.

中医药治疗糖尿病周围神经病变

山东中医学院　崔云竹

消渴日久，变证百出，其中以并发周围神经病变（消渴后痹证）最为常见。其病机特点为：1. 气阴两虚；2. 燥热内生；3. 阴阳俱虚；4. 瘀血阻络，最终均可因“不通”、“不荣”、气血阴阳不达四末而致病。其临床诊断主要根据：1、症状：对称性四肢疼痛，夜间或寒冷时加重，肢端感觉异常等；2. 特征：腱反射异常；3. 感觉和运动神经传导速度减慢；4. 排除了其他原因引起的周围神经病变。本病的常用治法有：1. 益气养阴为主，常用药物有黄芪，太子参，山药，麦冬，玄参等；2. 养阴清热为主，常用的清热药物有黄芩，黄连，知母，生地等；3. 补肾为主，常用方剂有六味地黄丸，《金匮》肾气丸等．或以菟丝子，枸杞子，补骨脂，山萸肉等药物为主；4. 活血化瘀为主，常用药物有丹参，川芎，赤芍，桃仁，红花，鬼箭羽等；5. 针灸：常用以配合药物治疗。针灸取穴为肺俞，脾俞，肾俞，足三里，太溪等，加灸曲池，足三里。临床实践表明：只有把益气，养阴，清热，补肾，活血等法有机地结合起来，配合针灸治疗，才能达到降血糖，改善微循环的目的，以有效的防治糖尿病周围神经病变。

The Treatment of Peripheral Nerve Disease Caused by Diabetes with T. C. M

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Shan Dong College of T. C. M

The long duration of diabetes can cause many complications. The common one is peripheral nerve disease (Bi Syndrom in T. C. M). The characteristics of it's pathogenesis are: 1. Deficiency of both Qi and Yin with interior dryness and heat; 2. Deficiency of both Yin and Yang; 3. The stasis of blood in the meridians. At last this disease is caused by the " stagnation"," malnutrition" and poor circulation of Qi, blood, Yin and Yang in the end of extremities. The clinical diagnosis of the disease mainly depends on 1. symptoms: The pain on both sides of limbs, worse at night or in the cold circumstances; Paresthesia in the ends of extremities. 2. Signs: Abnormal tendon reflexes, etc. 3. The slow speed of conduction in the sensory and motor nerves. 4. Excluding the peripheral nerve diseases caused by the other reasons. The common methods of treatment of the diseases are: 1. Mainly benefiting Qi and nourishing Yin. The commonly used herbs are :Milkvetch root, Pseudostellaria root, chinese yam, scrophularia root, ophiopogon root, etc. 2. Mainly nourishing Yin and clearing away heat. The commonly used herbs are: root of baikal skullcap, captis root, wind—weed rhizome, dried rehmannia root, et. al. 3. Mainly reinforcing the kidney, the usually used decoction are: Liu Wei Di Huang Wan, Jin Gui Shen QiWan, etc, or mainly using herbs such as dodder seed, wolfberry fruit, Fruit of malayter Scurfpea, dogwood fruit, etc. 4. Mainly removing the stasis of blood. The commonly used herbs are red sage root, chuanxiong rhizome, red peony, peach kernel, safflower, winged euony twigs, etc. 5. Acupuncture: it is often combined with Chinese herbs to treat the disease, selecting acupoints BL — 13 (Feishu), BL — 20 (pishu), BL — 23 (Shenshu), ST—36 (ZUSanli), KI—3 (Taixi) etc, coordinated by moxibustion therapy

with points Ll－11 (Quchi), ST－36 (Zusenli), etc. The clinical practices shows: Only are benefiting Qi , nourshing Yin, clearing away heat, tonifying kidney and removing the stasis of blood combined, the blood sugar can be reduced, microcirculation improved, the peripheral nerve disease prevented end treated.

消渴安汤治疗糖尿病及对心脏植物神经功能的影响

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河南中医学院一附院　杜廷海　王淑英

本文总结了消渴安汤治疗Ⅱ型糖尿病（42例）及并发心脏植物神经病变的疗效。通过1疗程（3周）的治疗，糖尿病显效率30.95%，总有效率83.33%，血糖由10.32±1.41mmol/L降至7.81±1.54mmol/L，（P<0.01）。并发植物神经病变13例，呼吸心率差、卧立心率差，30/15比值、乏氏动作反应指数治疗后均明显改善（P<0.01），未发现不良反应。提示该方具有明显的降血糖和改善植物神经功能的作用。

消渴安汤：太子参20g　麦冬15g　五味子15g　丹参30g　水蛭3～10g　黄连3～15g　桑叶19g　陈皮6～12g　甘草6g　每日一剂，水煎分早、中、晚服。

Treating Diabetes by Xiao Ke An Soup and It's Influnce on Autonomic Nervous Function of Heart

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Wang Shuying
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The article concludes clinical effect of treatment of type II diabetes (42 cases) and autonomic neuropathy incurred by type II diabetes. The result indicated marked improvement in diagnosis was 30. 95%, the total effective rate reached to 83. 33%, blood sugar lowered from 10. 32±1. 41mmol/l to 7. 81±1. 54mmol/l, p<0. 01, after the first curse of treatment (3 weeks). Autonomic neuropathy incurred by type Ⅱ diabetes was 13 cases. Difference of HR between expiratory and inspiratory, difference of HR between lying and standing, 30/15 rate, and response index of valsava's maneuver were improved obviously after treatment (P<0. 01), and no side effect was found. We think the prescription has obvious effect decreasing blood sugar and improving function of autonomic nervous system.

糖尿病周围神经病变的中药治疗

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周围神经病变是糖尿病常见的并发症之一，目前尚无有效的治疗措施。笔者依中医理论对16例Ⅱ型糖尿病并发周围神经病变的门诊病人在原口服降糖药的基础上辨证论治。对气阴两虚型的10例治以

益气滋阴法，方药：黄精 10g　太子参 30g　元参 20g　细生地 15g　花粉 20g；阴阳两虚的 6 例治以温阳育阴法，方药：仙茅 15g　仙灵脾 15g　生熟地各 15g　山萸肉 15g　女贞子 15g；以上方中均加芍药 30～60g　苡米 40g　甘草 10g。煎汤日一剂，5～7 剂一疗程，服药一疗程后疗效满意。其中 50%麻木症状消失，32%的疼痛明显减轻，18%肌弱无力略改善。

方中芍药，甘草是《伤寒论》治筋脉拘急的名方，苡米在《神农本草经》中记载："主筋急，拘挛不可伸……"这里取芍药养阴和血平肝柔筋，苡米利湿健脾，甘草缓急止痛的作用。

现代药理研究证明芍药甙具有镇静，镇痛，解经抗炎，扩张血管的作用，甘草甜素，甘草次酸，多种黄酮亦可加速血循环改变缺血状态，有报道芍药和甘草均能降低血糖，这为我们治疗糖尿病周围神经病变有效提供了参考。

Traditional Chinese Medicine (TCM) Treatment For PeripheralNeuropathy Of Diabetes

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Peripheral neuropathy, as one of the common complications of diabetes, is still lack of effective treatment methods. Based on an overall analysis of symptoms and signs according to Traditional Chinese Medicine, the writer has given diagnosis and treatment to 16 type Ⅱ diabetes patients suffering from peripheral neuropathy who have already taken oral hypoglycemic agent.

Treatment of " replenishing Qi (vital energy) and nourishing Yin (vital essence)" is used to the 10 patients of " Qi and Yin deficiency" type. The prescription is as follow: Rhizoma polygonati 30g, pseudostellaria root 30g, Figwort root 20g, Dried root of rehmannia 15g, Radix trichosanthis 30g.

Treatment of " invigorating Yang (vital function) and nourishing Yin (vital essence)" is used to the 6 patients of " Yin and Yang deficiency" type. The prescription is as follow: Rhizoma curculiginis 15g, lterba Epimedii 15g, dried and prepared rhizome of rehmannia 15g each, Dogwood fruit 15g, Fructus ligustri lucidi 15g.

In both prescriptions mentioned above, the following medicine is added: Peony root 30－60g, Cois seed 40g, Radix glycyrrhizae 10g. One course of treatment is 5 to 7 days with one decoction per day. The curative effect is satisfactory. 50% of the numbness is killed, 32% of the pain is alleviated, and 18% of the muscle weakness is improved.

In " Shang Han Lun" (Treatise on Febrile Diseases), Peony root and Radix glycyrrhizae are mentioned for treating tendon contracture, and in " Shen Nong Ben Cao Jing" (Shen Nong's Herbal), Coix seed is mentioned for treating muscle contracture. Therefore, Peony root is chosen here for nourishing Yin and blood, smoothing the liver and tendon; Coix seed for removing dampness and strengthening the spleen; Radix glycyrrhizae for loosing the contracture and releasing the pain.

It is approved by modern pharmacological study that Peony root has the function of sedation, analgesia, anti－spasm, anti－inflammation, and vessel dilation; Glycyrrlizin, glycyrrhetinic acid, and various flavone could also accelerate and improve the blood circulation. It is reported that both Peony root and Radix glycyrrhizae can lower the blood sugar. This supplies an effective reference for our study on the treatment for diabetic peripheral neuropathy.

糖尿病性肌萎缩 22 例治验

石家庄开发区医药研究所　吴以岭　张庆昌　田书彦　陈金亮　韩德荣　周顺林

本文采用“津力达口服液”纠正脾之转输过程中紊乱和不平衡状态，控制糖尿病，同时用肌萎灵胶囊扶元起萎，养荣生肌，治疗糖尿病性肌萎缩 22 例，取得总有效率 95.6%的较好疗效。

Therapeutic Trial of 22cases of Diabetic Amyotrophy

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China Diabetes—Treating Center of TCM Association

Medicalinstitute in ShiJiaZhuang Development Area

The author adopted " Jin Li Da Oral Juice" to correct the confusion and imbalance state in the transporting course of spleen and therefore reached the aim to control diabetes. At the same time," Ji WeiLing Capsule" is added to treat 22 cases of diabetic amyotrophy and the whole effective rate is 95. 6%.

补阳还五汤加减治疗糖尿病周围神经病变 20 例临床观察

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糖尿病周围神经病变是糖尿病的常见并发症之一，以手足麻木、无力、隐痛或感觉减退为主证，属中医的“血痹”、“痿痹”范畴。其病机为气阴两虚，痰瘀互阻，痹阻四肢脉络，故用补气活血的“补阳还五汤”加减治疗。方中黄芪益气，当归、赤芍、丹参、红花活血祛瘀，地龙、鸡血藤通络止痛；白芥子祛络中之痰，诸药相合具有益气活血化痰通络的作用。临床运用时根据症状变化进行加减：上肢重者加桂枝、姜黄；下肢重者加牛膝、木瓜；手足不温者加附片；麻木重者加姜蚕、灵仙；疼痛重者加乳香、没药；病久不愈者加全蝎、蜈蚣。笔者用此方加减治疗 20 例本病患者，其中显效 12 例，好转 7 例，总有效率 91%。

Treatment of 20 cases of Diabetic Peripheral Neuropathy with Decoction of Invigorating Yang for Recuperation

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Diabetic peripheral neuropathy is one of the common complications of diabetes. This

disease, characterized by numbness, weakness, vague pain or hypoesthesia ofthe four extremities, belongs to the range of " blood blockage syndrome" or " blockage syndrome with flaccidity". The pathogenesis includes deficiency of qi and yin, and that phlegm and blood stasis block the meridians and collaterals. So it should be treated with Decoction of Invigorating Yang of Recuperation (Buyang Huanwu Tang) which has the effects to invigorate qi and improve blood circulation. In the prescripstion, Astragulus root is used to strengthen qi;Chinese angelica root, red sage root and safflower to improve blood circulation and remove blood stasis; earthrvorm and spatholobus stem to activate collaterals and get rid of pain; and white mustard seed to clear phlegme in the collaterals.

When utilized clinically, this prescription should be modified according to the concrete symptoms. For instance, cinnamon twig and turmeria were added to the prescription in case the symptoms of the upper extremities were severe; and achyranthes root and chaenomeles fruit were added when the lower extremities were more severely damaged. If patients' hands and feet were cold, aconite root was added; if numbness severe, batryticated silkworm and clematis root added; if pain severe, frankincense and myrrh added; if the disease persisted for a long time, scorpoin and centipede were added. Of 20 cases, 12 were obviously improved, 7 improved, the total effective rate was 91%.

深刺丰隆穴为主治疗糖尿病性神经病变

河南新乡市第二人民医院　王宪利

作者根据糖尿病周围神经病变和胃肠植物神经病变的病机与证候特点，采用深刺丰隆穴为主及辨证配穴的治疗方法，取得较好疗效。对周围神经病变的气滞血瘀证，加曲池、地机、阳陵泉等穴；气虚血亏证，配加足三里、公孙等穴；经气不通证，加配孔最、阴陵泉、太冲等穴。胃肠植物神经病变的脾胃虚弱证，配加中脘、章门、足三里；肝胃不和证，配合中脘、阴陵泉、太冲；胃失和降证，加配中脘、天枢等穴。主穴丰隆深刺 3 寸左右，得气后施提插捻转补法；配穴得气后，依证候虚实之不同，施用提插捻转补法或泻法。各穴均留针 30 分钟，每日一次，十次为一疗程。治疗二疗程后，47 例周围神经病变患者中肢体麻木疼痛消失 28 例；31 例胃肠植物神经病变者的胃脘胀满、便秘等症状明显改善。

By Deep Stabbing Feng—Long Point and Prosperaus Cave Mainly Cure Diabetic Neuropathy

Wang Xianli

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I often deeply stab the feng—long point to treat diabetic neuropathy and vegetative nerve functional disturbance in gastrointestinal tract. Besides feng—long point, I often use some adjunct acupuncture points. The point prescription of diabetic neuropathy is: Qu —chi, Di—ji, Yang—ling quan points are used in the syndrome of stagnation of vital energy and blood stasis; Shou—sanli, Zu—sanli, Gong—sun points are used in the syndrome of deficiency of vital energy and blood; Kong—zui, Yin—ling quan, Tai—chong

points are used in the syndrome of stasis of channels and collaterals.

The point prescription of vegetative nerve functional disturbance in gastrointestinal tract is: Zhong－wan; Zhang－men, Zu－sanli points to be used in the syndrome of weekness of the spleen and the stomach; Zhong－wan, Yang－ling quan, Taichong points are used in the syndrome of incoordination between the liver and the stomach. Zhong－wan, Tian－shu points are used in the syndrome of failure of descending of the stomach －qi. The main point of feng－long may be stabbed deeply to 3 cun, after feel needling sensation twirling and vertical lifting－thrusting and tonification are used. After the adjunct point's sensation are felt, twirling and tonification and reduction are used according to the different syndromes. It takes 30 minutes to retain the needles.

The treatment is given once a day, 12 treatments make a course. After 2 courses of treatment, 28 cases of diabetic neuropathy were markedly effective, 31 cases of vegetative nerve functional disturbance in gastrointestinal tract were improved.

深刺大横穴治疗糖尿病神经源性膀胱

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笔者临床采用深刺大横穴治疗糖尿病并发神经源性膀胱 66 例，有效率为 93.93%。久病气虚，膀胱不得气化。大横穴为足太阴脾经穴位，别名肾气，深刺大横穴并施补法，能激发脾经之经气，使后天之本强壮，中气得充，气盛则膀胱气化功能增强。糖尿病属祖国医学消渴病，早期多为阴虚燥热，继则气阴两伤，后期出现阴阳俱虚等，在病程中有的患者以痰湿伤脾、脾气受伤，中气不升，影响州都之官膀胱气化，故小便潴留，故深刺大横常能取良效。临床治疗中应同时认真治疗糖尿病，否则疗效不能持久。

Treatment of the Diabetic Neurogenic Bladder By Deeply Stabbingthe Da－Heng Point

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By deeply stabbing the da－heng point, the auther cured 66 cases of diabetic neurogenic bladder, the effective rate is 93. 93%. This disease is caused by deficiency of vital energy resulted in disturbance in Qi transformation of bladder. The da－heng point belongs to the spleen channel of foot－taiyin. Stabbing deeply the da－ heng point and using the method of needling can excite the spleen channel Qi, strengthen the spleen Qi. Then the Qi of bladder can transformate. Its function can be improved. DM belongs to the " Xiao Ke" disease of TCM. At first it's deficiency of Qi and dryness－heat, then the deficiency of Qi and Yin, at last it's deficiency of Yin and Yang. In the course of DM, some patients usually have the symptom of deficiency of spleen－Qi, and influencing the function of bladder.

It's more important to treat DM. Other wise the effect couldn't last for long.

除麻镇痛汤治疗糖尿病性周围神经炎 31 例

天津中医学院二附院　刘文峰　张素灿

糖尿病性周围神经炎，是糖尿病常见的并发症之一，隶属祖国医学“血痹”、“痿躄”、“痿厥”范畴。其病机可概括为：一是气阴亏耗、肌奏失养；二是因虚致瘀、气血不畅；三是因虚生痰，流注四肢、经络痹阻。显然，以气阴亏虚为本，痰滞血瘀为标，实为本虚标实，虚实夹杂之证。根据虚、痰、瘀的病机特点，笔者集多年临床探索，拟定了具有益气养阴、除痰消瘀、宣痹通络功效的除麻镇痛汤用治该病 31 例，取得了较满意的疗效。其中：显效 13 例，占 41.9%；有效 14 例，占 45.1%；无效 4 例，占 13%；有效率为 87%。方药组成：黄芪 30—60 克，桂枝 10—20 克，白芍 20—40 克，丹参 20—30 克，鸡血藤 30—60 克，玄参 20—30 克，玉竹 20—30 克，姜蚕 20—30 克，地龙 15—20 克。白芥子 10 克，甘草 10 克。水煎服，每日一剂，30 天为一个疗程，一般需服二个疗程。本方扶正祛邪，标本兼顾，药证和拍，故收效较著。但须指出：在临床实际应用中，由于正邪虚实之性质程度有别、正确灵活的掌握方中药物用量也甚为重要。

Decoction of Relieving Nummbness and Pain used to Treating 31 Cases of Diabetic Peripheral neuritis

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Diabetic peripheral neuritis is one of the common complications of diabetes. It belongs to " Arthralgia due to blood disorder" " Flaccidity of feet" and " Muscular flaccidity and coldness of the extremities" of Chinese Medicine, the root is the deficiency of Qi—yin, the branch is the stagnance of phlegm and blood, excess is the root and deficiency is the branch. It's the combined syndrome of excess and deficiency. According to the pathogenic character of excess, phlegm, stagnance, the author created the decoction of relieving numbness and pain to nourish Qi—yin, remove phlegm and stagnance and circulate channels to treat 31 cases and get satisfactory result, among which with obvious curative effect 13 cases, the rate is 41. 9%; general curative effect 14 case, the rate is 45. 1%; no effect is 4 cases, the rate is 13%. The rate of curative effect is 87%. Prescription: Huang Qi (milkvetch root) 30—60g, Gui Zhi (cinnamon twig) 10—20g, Bai Shao (white peony root) 20—40g, Dan shen (red sage root) 20—30g, Ji Xue Teng (spatholbus stem) 30—60g, Xuan Sheng (scrophularia root) 20—30g, Yu Zhu (fragrant solomonseal rhizome) 20—30g, Jiang Chan (batryticated silkworm) 20—30g, Di Long (earth worm) 15—20g, Bai Jie Zi (white mustard seed) 10g, Gan Cao (licorice root) 10g. It's decocted and taken once a day. The treatment course is 30 days. Generally speaking, patients take the decoction for 2 course. The prescription is to help normal Qi and remove the evil Qi, treat both the root and branch. But it needs to point out: It's very important to pay attention to the dosage of each herb, because of the difference of normal and evil Qi, deficiency and excess.

中医治疗糖尿病并发周围神经炎

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糖尿病并发周围神经炎的治疗颇为棘手，临床应用 B 族维生素治疗效果不佳。我们自拟方药：生黄芪、白参、知母、土虫、僵蚕、红花、全蝎、桂枝、生地、寄生、川断、川芎等予以活血通络、调和阴阳、益气养阴、补益肝肾，从整体出发急则治标，缓则治本或标本兼顾治疗 59 例，均为 NIDDM 并发周围神经炎，男 27 例，女 32 例，年龄在 48—74 岁之间，治愈 39 例，有效 17 例，无效 3 例，总有效率 94.91%。附典型病例一。

Treatment of Diabetic Peripheral Neuritis with Chinese Herbs

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It is very difficult to treat peripheral neuritis caused by diabetes mellitus. Clinical therapeutic effect of vitamin B family is not ideal. We took up the self—made prescription which was consisted of the following drugs: astragahu membranaceus, white panax ginseng, anemarrhena asphodeloidse, cockrcoach, white dead silkworm, carthamus tinctorius, scorpion, cassia twig, disacus asper, ligusticum wallichii, ctc. This prescription can invigorate blood circulation, regulate Yin and Yang, replenish Qi and Yin, and reinforce the Liver and the Kidney. Guided by the conception of taking organs as a whole, treating the acute symptoms first in emergent case, when these being relieved, treating its fundamental cause, thinking over both the root cause and symptoms. We treated 59 cases of peripheral neuritis caused by NIDDM, 27 cases of them were male and 28 cases female. Their age varied from 48 to 74. 39 patients had been cured, 17 patients had some improvement, and only 3 cases had no improvement. The total effective rate was 94.81%. One typical cases is presented in the end.

乌梅降糖通络饮治疗糖尿病周围神经病变 31 例

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糖尿病周围神经病变是糖尿病常见的慢性并发症之一。以往国内对此研究不多，近年来随着糖尿

病基础医学研究的进展，新技术，新方法的应用，对糖尿病神经病变的病理，生理有了相对前进的认识，使诊断的检查率有了明显提高。因发病机理迄今尚未完全阐明，故治疗亦颇感棘手。近年来我们在治疗糖尿病的同时，加服中药乌梅降糖通络饮，用以治疗 糖尿病周围神经病变。通过临床 31 例资料完整者观察，该疗效可靠，可重复性较强，对糖尿病周围神经的早期损害，也完全有可能恢复。

药物：乌梅 30～45g 黄芪 60～90g 桂枝 15～30g 苍术 15～30g 鬼箭羽 15～30g 制马钱 0.1～0.3g 水煎服 每日一剂 一个月为一疗程。

加减：气虚血瘀加人参、桃仁；寒凝血瘀者加细辛、桃仁；痰瘀阻滞者加半夏、明矾，重用桂枝；阴虚血瘀者加石斛、生地。

方法：本方为汤剂，每日一剂，早晚两次分服。制马钱，明矾单研细粉分两次用汤剂送吞。一疗程一月，连用 2～3 个疗程。治疗期间除使用原降糖药外，停用其它一切药物。

结果：31 例病人治疗 2 个疗程，痊愈 11 例（占 35.48%），显效 14 例（45.16%），有效 5 例（16.12%），无效 1 例（3.23%），总有效率 96.76%。

Treatment of 31 cases of the Diabetic Peripheral Neuropathy with Prunus Mume Jiangtang Tong Luo Tang

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The Diabetic Neuropathy is one of the common chronic complications of Diabetes Mellitus. Since the cause and mechanism of the disease haven't been explained well enough so far, the treatment is quite difficult. Prunus Mume Jiangtang Tongluo Tang has been made up by modificating the relative traditional herb prescriptions repeatedly while we were treating the patients with diabetic neuropathy. There were 31 cases which have complete data. Clinical observation proved the effect of treatment was reliable. It can be repeated strongly.

It is likely that the early hurt of the diabetic peripheral nerves disease may be recovered completely.

The Ingredients of Prunus Mume Jiangtang Tongluo Tang are:

Prunus Mume 30g—45g, Astragalus Membranaceus 60g—90g, Atracty Lodes Chinensis Koidz 15g—30g, Cinnamomum Cassia Presl 15g—30g, Euonymus Alatus sieb 15g—30g, Processed Strychnos Pierriana 0.1g—0.3g.

It is dococted in water for oral dose, one dose a day, one month makes a treatment course.

Types and Modifications:

a. Add Panax Ginsceng C. A. Mey and Semen Persicae for cases with qi deficiency and blood stasis.

b. Add Asarum sieboldi Miq. and Semen Persicae for cases with cold coaculation and blood stasis

c. Add Pinellia Ternata Breit and Alunite for cases with Phlegm Stasis and Yang—accumulation

d. Add Dendrobium Nobile Lindl and Rehmanniae Glutinosa Libosch for cases with Yin deficiency and blood stasis

Alunite and Processed Strychnos Pierriana should be broken up into powders respectively and swallowed with the liquid two times daily.

Among the 31 patients treated for 2 courses, 11 patients recovered entirely (35. 48 per cent), obvious effects were shown on 14 patients (45. 16 per cent) and certain effects were shown on 5 patients (16. 12 per cent). In only 1 instance did the chinese herbal medicine fail to have any beneficial effects. The results showed the total effective rate reached 96. 76 per cent. The clinical data shows that this recipe for the early damage of diabetic peripheral neuropathy is farely effective. It can even lead to an entire recovery.

中医药治疗糖尿病周围神经病变 100 例临床分析

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糖尿病周围神经病变是糖尿病的常见并发症之一。我院参照 WHO 标准，运用中医药治疗糖尿病周围神经病变 100 例，疗效显著。其方法包括基础治疗。中药用黄芪 20 克、当归 10 克、生地 15 克、天花粉 15 克、赤白芍各 12 克、丹参 30 克、川断 12 克、牛膝 10 克、全蝎 6 克、地龙 6 克、甘草 6 克，加减治疗。30 天为一疗程，治疗一个疗程有效 18 例；二个疗程有效 22 例；三个疗程有效 49 例；治疗三个疗程无效 11 例。其中肌电图改善 80 例，总有效率为 89%。通过分析，本病早期阴虚为本、燥热为标，至中、后期多出现气阴两虚、脉络瘀阻、筋脉失养。临床证实本方有改善微循环、降低血脂、控制血糖等功效。

Analysis of 100 Cases of Peripheral Diabetic Neuritis Treated by Chinese Medicinal Herbs

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Diabetic neuritis is one of the common complications of diabetes mellitus. According to the criteria set by WHO, we selected 100 cases of diabetic neuritis and treated them with chinese medicinal herbs based on the causative factors and pathogenesis of TCM. The basal therapy include education, diet restriction, exercise and hypoglycemic agent. The recipeisformed by milk vetch root 20g, chinese angelica root 10g, dried rehmannia root 15g, trichosanthes root 15g, red and white peoncyeach respectively 12g, red sage root 30g, dipsacus root 12g, achyranthes root 10g, Scorpion 6g, earth worm 6g, liquorice 6g. The recipe can be modified in accordance with the different symptoms . 30 days of treatment made a course. After one course of treatment, 18 cases were effective; after the second and the third course of treatment. 22 and 49 case were effective respectively. 11 cases proved ineffective after 3 courses among them 80 cases had improved in electromyography. The total effective rate is 89%. The observation showed that, at the early stage the fundamental is deficiency of yin, the incidental is dryness—heat; at the middle and later ages are deficiency of both qi and yin, stasis of channels and vessels and exhaustion

of muscles. The result proved that the recipe have effects of replenishingvital energy and nourishing yin, activating blood circulation and removing stasis, and it also can remove the stasis in microcirculation, lower blood-lipid, and control blood sugar level.

糖尿病性周围神经病变从肝脾论治体会

河北省沙河市中医院糖尿病中心　任平均

糖尿病性周围神经病变以肢体麻木、疼痛、无力为特征。治疗上以中医肝主筋、主疏泄调畅气血运行，脾主肌肉四肢，为气血化生之源的生理病理角度出发，从肝脾辨治，可收到满意效果。本文将其分为肝脾两虚、气血虚滞和肝郁脾虚、气滞湿阻两个证型，临床应用桃红四物汤、逍遥散灵活化裁，获较好疗效。

Diabetic Peripheral Neuropathy is Dealt with Treatment of Liver and Spleen

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The diabetic peripheral neuropathy is characterized of limb numbness, pain and weakness. From the TCM pathophysiological view that Liver is controlling tendons, maintaining potency for the flow of Qi, regulating the Qi and blood flow, and spleen is dominating muscle and four limbs, being the Orign of Qi and Xue production, the treatment is dealt with of liver and spleen. The effect is satisfactory. The disease is divided into two types of syndrome, One is deficiency of both liver and spleen, Stasis of both Qi and Xue, the other is stagnation of liver Qi, deficiency of spleen, stagnation of vital energy, stasis of wetness. The modification of Decoction of Tao Hong Si Wu and Ease Powder were quite effective.

桃红四物汤加味治疗糖尿病末梢神经病变 84 例临床疗效观察

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糖尿病末梢神经炎因其以肢体麻木，疼痛为主症，故当归属于中医“痹证”范畴，但其发病多系气阴两虚兼血瘀所致，又与一般外邪痹阻经络、气血之痹证有别。为探讨治疗途径，笔者用桃红四物汤加味辨证治疗 84 例，取得满意疗效。所有患者全部采用益气养阴、活血化瘀之桃红四物汤加味（当归、川芎、赤芍、桃仁、红花、黄芪、太子参、黄精、山茱萸、枸杞子。烦渴多饮、多食易饥明显加玄参、黄连，兼五心烦热再加地骨皮）治疗，其中 14 例 IDDM 及病程长、合并症多的 22 例 NIDDM 患者配合使用胰岛素。疗程 3 个月。结果：治愈（对称性肢体远端感觉异常、麻木、疼痛之症状完全消失，血、尿糖明显下降，停药 3 个月无复发）43 例，占 51.2%；显效（临床症状基本消失，血、尿糖明显下降）20 例，占 23.8%；好转（症状明显改善，血、尿糖下降不理想）15 例，占 17.9%；无效

（症状及血、尿糖检查均无明显改善）6 例，占 7.1%。治疗总有效率为 92.9%。

An Observation of 84 Cases of Diabetic Terminal Neuropathy Treated with Jiawei Taohong Siwu Decoction

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Diabetic terminal neuropathy ought to belong to the category of obstruction of Qi and blood flow in TCM, for its main symptom is pain and numbness of limbs. However, the " obstruction" is different from one that is caused by heteropathic factors, which is caused by deficiency of both Qi and Yin and blood stagnation. To study its therapy, 84 cases were treated with Jiawei Taohong Siwu decoction and resulted in satisfactory therapeutic effect.

All the 84 cases of patients used the decoction which can replenish Qi and Yin and promote circulation and consists of angelica sinensis 20g, ligusticmon wallichii 10g, prunus persica 30g, carthamus tinctorius 15g, etc, 14 cases of patients who suffered serios complications and had a long course of disease were treated with insulin at the same time. The average course of treatment was 3 months. The results showed that 43 Patients had been cured (that meaned pain and numbness of limbs had completely disappeared; both urinary and blood sugar had obviously lowered; no recurrence happened during 3 months after withdraw of the decoction), they covered 51. 2%; 20 patients had significant effect (that meaned their clinical symptoms almost disappeared; urinary and blood sugar obviously decreased), they covered 23. 8%; 15 patients had got a better turn (that meaned their symptoms had been relieved, but the control of urine and blood sugar was not satisfied), whose precentage was 17. 9; 6 patients had no effect (that meaned no improvement happened in symptoms and blood and urinary sugar), whose percentage was 7. 1. The total effective rate was 92. 9%.

中西医结合治疗糖尿病周围神经病变 12 例报告

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作者报告了本院收治的糖尿病周围神经病变患者 20 例，随机分为治疗组 12 例，对照组 8 例，从一般资料看无显著差异，具有可比性，选择的标准：从入院病人中选出的 20 例患者均为 Ⅱ 型糖尿病，临床表现以肢麻、疼痛、畏寒、四肢乏力、盗汗作为观察治疗对象。治疗组以舒脉汤治疗为主，其方组成丹参 30 克，鸡血藤 25 克，黄精 15 克，淡海藻 20 克，黄芪 50 克，玄参 15 克，连服 3 周为 ·疗程，一般应用 2—3 个疗程。对照组以降糖的西药为主，制定了统一的疗效标准，结果治疗组总有效率 91.7%，对照组总有效率 37.5%，治疗前后的糖代谢变化有显著差异，治疗组疗效明显优于对照组（$P<0.05$）。作者在文章中指出糖尿病在各期均有不同程度瘀血现象存在，其机理是糖尿病可使全血粘度增加，其流动性下降，血管内血流缓慢或滞留，造成血循环障碍，静脉回流障碍而引起的局部或周

身的瘀血性病理变化。本组病例采用治疗组方案具有控制血糖，增加机体免疫、活血化瘀、止痛、改善微循环，从而达到改善周围神经的营养和功能。

A Report of 12 cases of diabetic peripheral neuropathy treated with combined TCM and WM

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We've reported 20 cases of diabetic peripheral neuropathy divided into two groups—the experimental group of 12 cases, the control group of 8 cases. There is no remarkable difference between the twogroups from the general materials, they are comparable. The chosenobjects are 20 cases (Type II Diabetes) of the patients discharged. The clinical manifestations are: numbness of limbs, pain, cold, night sweat, weakness of four limbs. The experimental group mainly take Shu—Mai Tang. This recipeis made up of: Salvia miltiorrhiza (30g), Spatholobus pectus (25g), Siberian Solomonseal rhizome (15g), thin seaweed (20g), Scutellariabaicalensis Georgi (50g), Scrophularia ningpoensis Hems (15g), Taking this soup for three weeks continuously is a course of treatment. Generally, the patoints may need two—three courses of treatment. The control group mainly take the Western medicine to lower the blood sugar level. We've made a unified effective standard. The result is that the total effective rate is up to 91. 7 percent and that of the control group is only 37. 5 percent. If we compare the two groups; we can get the square of x is 4. 38 (i. e. x * x=4. 38). P<0. 05. Before and after the treatment there is remarkable difference in the changes of blood sugar level. The effectivness of the experimental group is obviously better than that of the control group. We pointed out that there is always phenomena of extravasated blood in various degrees in diabetes of every period. The mechanism is that diabetes can increase the viscosity of the whole blood, which decline mobility and flow of blood, thus hinder blood circulation. The hinder of back flowing of vein cause the pathology of extravasated blood in some parts or in the whole body. The treatment of the experimental group can lower the blood sugar level, strengthen the immunity of the body, invigorate the circulation of blood and reduce the extravasated blood, relieve pains, improve the microcirculation, as to achieve the improvement of nultrition and function of the peripheral nerve.

糖尿病性腹泻的临床治疗体会

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河南省中医学院　赵　坤

糖尿病性腹泻是临床治疗非常棘手的糖尿病胃肠道合并症，主要原因是糖尿病长期控制不良，影响胃肠道植物神经功能而出现的腹泻，服西药可乐宁易发生嗜睡、头晕、恶心、食欲不振等副作用。服用易蒙停、复方苯乙哌啶疗效不满意。采用补气益肾、淡渗利湿法，药用：党参、黄精、炒苍术、煨葛根、炒苡仁、车前子、厚朴、怀山药、煨肉叩、五味子、黄连、炒防风、焦楂。腹痛加白芍、木香，

下肢浮肿加荠菜、泽泻，疗效卓佳。合并肾病水肿者，遵上方加减，处方：党参、黄精、炒苍术、连皮苓、菟丝子、荠菜、车前子、丹参、补骨脂、泽泻、怀山药、瞿麦、杞果、僵蚕、蝉蜕，效果显著。笔者体会：治疗糖尿病性腹泻，用补气益肾、淡渗利湿，即获利小便，实大便之功，治肾病性水肿亦用上法，主要加荠菜、泽泻等药，疗效颇著。荠菜能改善肾小球动脉血流量，可预防糖尿病肾病的发生。

Treatment of Diabetic Diarrhea

Zhao Shiyu , *Shi Hefeng* , *Zhao kun*
Henan Provincial People's Hospital

Diabetic diarrhea is a gastrointestinal diabetic complication which is difficult to treat clinically. Its main cause is the long period of improper control of diabetes, thence affect the gastrointestinal vegtative nerve functions and caused the occurance of diarrhea. The west medicine proved to be not satisfactory to this disease. We have treated the patients with Traditional Chinese Medicine and achieved satisfactory result. Following the principle of invigorating Qi and tonifying kidney, removing dampness by diuresis, we gave the prescription: pilose asiabell root, siberian solomonseal rhizome, roasted atractylodes rhizome, roasted pueraria root roasted coinseed, plantain seed, magnolia bark, chinese yam, roasted nutmeg, schisandra fruit, glodthread root, roasted edebouriella root, roasted hawthorn fruit. If with abdominalgia, add white peony root, costus root; if with lower limb edema, add capsells, zer xie; with complication of renal edema, add and withdraw on the basis of the above prescription, that is: pllose asiabell root, solomonseal rhizome, roasted atractylodes rhizome, poria with peel, dodder seed, capsella plantain herb, red suge root, psoralia root, zer xi, chinese yam, herba dianthi, wolfberry fruit, white—stiff silkworm, cicada skin. The effectiveness is very obvious.

温脐膏外敷治疗糖尿病肠病 61 例

山东省德州地区中医院　李玉杭

本文总结了糖尿病肠病 61 例，认为其病机为脾肾阳虚，肠胃不和，水失健运而致。临床运用温脐膏外敷治疗该病效果满意。分析其作用机制为：①通过俞穴经络作用，②通过刺激皮肤神经间接影响脏腑。③药物吸收入血直接作用于脏腑。通过上述综合作用，内病外治，温补脾肾，调和胃肠，从而取得了满意疗效。

The 61 Cases of Diabetic Gut Disease Treated By External Applicated WenQi Paste

Li Yuhang
DeZhou District Hospital of TCM, Shan Dong Province

The author analysed 61 cases of diabetic gut disease, showed that the mechanism is Yang defi-

ciency of spleen and kidney. The incoordination between intestine and stomach, the lack of transport ofwater. The external application of WenQi Paste was quite effective onthis disease. The mechanism is thought to be:

(1) By the way of acupoints channels, and vessels. (2) By stimulating the cutaneous nerves thus influncing the visceraindirectly. (3) The drug absorbed into blood circulation affecting the visceradirectly.

The combination of above ways might gain a result of warming and tonifying spleen and kidney, and modulating stomach and intestine.

六五延宗汤治疗糖尿病性阳痿 159 例临床报告

河北医学院第二附属医院　张淑亭　李玉英　刘鸿裕　宋福生　魏晓娜

糖尿病性阳痿发病率约占男性糖尿病患者的 46～60%。其发病的确切原因尚不清除，治疗亦无理想根治药物。笔者认为研究该病，不仅是减轻患者的痛苦，更主要的是增强体质，和睦夫妻关系，安定社会。

1970 年以来，共收治 159 例。治疗方法：自拟六五延宗汤（大熟地　淮山药　山芋肉　云茯苓　建泽泻　菟丝子　枸杞子　吉林参　炙黄芪　杭白芍　全当归　川芎　炙甘草）

辨证用药：肾虚肺热加麦门冬　天花粉；肝肾阴虚兼血瘀加野菊花　茺蔚子；脾肾气虚加大枣肉　金樱子；肾阴阳两虚加肥知母　制附子；肝郁气滞血瘀加青陈皮　制香附；肾虚湿热下注加蛇床子　土茯苓；心脾两虚兼痰湿加远志肉　桂元肉　法半夏　广陈皮。

治疗结果：显效 24 例，占 15%；有效 103 例，占 65%；无效 32 例，占 20%。

体会：六五延宗汤治疗糖尿病性阳痿的机理是：补肾健脾乃强身之本。益气养血乃健身复痿之根。配合活血药同用，可益气通络，直接改善会阴部的血液循环。诸药合用，可防止活血药的空虚之患。气虚血亏之体质也可得到改善，则痿自愈，体自强。

Clinical Observation of The Efficacy of Liu Wu Yan Zong Liquid on Diabetic Impotence

Zhang Shuting, Li Yuying, Liu Hongyu, Song Fusheng, Wei Xiaona
The Second Affiliated Hospital, HeBei Medical College

Diabetic impotence occurs in 46—60 percent of diabetes mellitus. The mechanism is not clear and no ideal drugs can radically cure it. Clinical Data: Since 1970, we have studied 159 cases of diabetic impotence.

Formula: Rehmannia glutinosa libosch, Phizoma—dioscoreae, Fructuscorni, Poria cacos wolf, Rhizoma alismatics, Semen cusutae, Fructuslycii, Radix ginseng, Radix astragali seu Hedysari, Radix paeomae alba, Radix angelicae sinensis, Rhizoma ligustici chuanxiong, Radixglycyrrhizae. Result: 24 patients recovered, 103 cases were improved. and the total effective rate was 80%, the ineffective rate was 20%.

18例消渴病阳萎治验

河南中医学院医院　杜俊生　刘景超

消渴病（糖尿病）阳萎，是消渴病（糖尿病）后继发性机能障碍，以阳事不举，或病房举而不坚为主要痛苦。在多年对消渴病（糖尿病）的治疗中，发现本病亦为消渴病（糖尿病）的主要并发症之一。发病年龄以42～52岁最为多见。对本病的诊断，采用辨病与辨证相结合，明确疾病和症状的关系，找出证的本质，诊断分型以肾阳虚、气虚热郁、痰瘀交阻，较符合临床病理机制。治疗采用中药和针灸相结合，见效快、疗效巩固，无毒副作用，是理想的治疗方法。18例治疗总结发现中药针灸同时治疗，较单独采用中药治疗，平均见效期早11天左右，可见针灸对消渴病（糖尿病）阳萎治疗有较重要的临床意义。

Treatment of 18 Caces of Impotence Caused by Diabetes Mellitus

Du Junsheng , *Liu Jingchao*
Henan College of Traditional Chinese Medicine

Impotence caused by diabetes mellitus is a kind of function alobstacle. The main troubles are of no hardness or notsufficient in hardness in sexual intercourse. Howerever, there are lessreports in this regard. We divided these into three types: deficiency ofthe kidney—yin, stagenation of the heat with deficiency of Qi, blood stasis and phlegm—dampness. During the 18 cases of treatment, chinese herbs are used combined with acupuncture, and we've got a good result ina short time. The efficacy is solid and has no side effect. The effectiveness of above method appeared 11 days earlier than the sole use of chinese herbs. It is an ideal way of treatment.

活血起痿灵治疗糖尿病性阳痿的临床观察

第一军医大学中医系　吴启富　贺向无

30～60%的男性糖尿病患者合并不同程度的阳痿病，临床治疗比较棘手。本文采用经验方活血起痿灵治疗47例糖尿病性阳痿患者，效果满意。47例患者均为NIDDM，年龄36岁至57岁。出现阳痿1年以内者8例，2年至5年者26例，6年以上者13例。活血起痿灵是由21味中药组成的纯中药制剂，具有活血化瘀、疏通经脉、改善血循环、强壮宗筋、温阳起痿作用。本组47例患者经活血起痿灵治疗痊愈者37例（78.72%），显效者3例（6.81%）。有效者2例（4.35%），无效者5例（10.63%，总有效率达89.3%。对治愈者34例随访2年以上观察，性生活满意，远期疗效为68.07%。

The Clinical Observation of " Huo Xue Qi Wei Ling" in Treating Diabetic Impotence

Wu Qifu
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He Xiangwu
People's Liberation Army 150 Centrol Hospital

There are 30－60% male diabetics complicated with impotence, which ishard to be treated in clinic. We observed the effect of "Huo Xue Qi Wei Ling" on 47 caces of diabetic impotence and gained good effects inclinic. All of the patients were non－insulin dependent diabetics. Their age was 36－57 years old. Among them, there were 8 caces suffered from the disease within 1 year, 26 caces 2－5 years and 13 caces over 5 years. The prescription composed of 21 kinds of traditional chinese medicine which had the effects of promoting blood circulation to remove blood stasis, dredging the channels and warming yang to strengthen penis. The result showed that 37 cases of the patients were recovered (78. 72%), 3 cases were markedly improved (6. 81%) and 2 cases were slightly improved (4. 35%). The total effective rate was 89. 37%. The observation of 34 cases of recovery patients for more than 2 years of visiting showed the long－term effect was 68. 07%.

糖尿病性阳萎 48 例证治小结

天津市天和医院　张越林

48 例糖尿病性阳萎患者，属于中医消渴病范畴，病机要点为“阴虚燥热，脉络瘀阻”治疗原则为“滋阴补肾，清热散结，活血通络”。据此，自拟中药复方“益精冲剂”进行治疗。结果：提高了血清睾酮的浓度，降低了血中催乳激素的含量，解除了对性腺轴的抑制。改善了性功能障碍，维持了正常性行为，有效 40 例，有效率 83.3%，无效 8 例。

Treatment of 48 Diabetic Impotence Based on the Differentiation of Symptoms and Signs

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Tianhe Hospital of Tianjin

The 48 cases of diabetic impotence's main pathogenesis was dryness－heat caused by Yin－deficiency; obstruction of collaterals by blood stasis. It's therapeutic principle was

nourishing Yin and invigorating the kidney, clearing away the heat — evil, dispersing masses activating blood circulation and promoting blood circulation. So we designed " Yi Jing Chong Ji" to cure the disease.

Result: It can elevate the serum testosterone level, and reduce PRL content in blood. It may resolve the inhibition of sexual gland axis. Also sexual dysfunction has been improved and it keeps normal sexual act. Among them, 40 cases are effective and effective rate is 83. 3%; 8 cases are ineffective.

中医论治糖尿病阳痿十法

北京中医药大学东直门医院　李　军

阳痿是指成年男子在有性欲的情况下，阴茎不能勃起或勃起不坚，难以进行成功的性活动。阳痿分为原发性和继发性两种，糖尿病是引起继发性阳痿的主要原因之一。中医在治疗糖尿病阳痿方面有独到之处，笔者浅述了十种论治方法：

1. 滋阴降火法；
2. 补肝滋肾法
3. 平肝潜阳法；
4. 润肺滋肾法；
5. 滋补胃阴法；
6. 健脾化痰法；
7. 清利湿热法；
8. 活血化瘀法；
9. 舒肝解郁法；
10. 补益心肾法。

Ten Ways for Treating Impoeence Caused by Diabetes

LiJun
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Impotence is inability to have erection of the penis or lackof copulative power in the male before climacteric. Impotence has beendivided into essential impotence and symptomatic impotence, and diabetes is one of the main reasons of the impotence. The writer-recommend ten ways of TCM to it here: 1. Nourishing Yin and eliminating the evil fire
2. Nourishing the liver and kidney
3. Calming the liver and suppressing sthenic Yang
4. Nourishing lung and kidney
5. Nourishing stomach — yin
6. Invigorating the spleen to clear away sputum

7. Clearing away the heart evil and promoting diuresis
8. Activating blood circulation to dissipate blood stasis
9. Dispersing the stagnated liver -energy andalleviating mental depression
10. Invigorating the heart and kidney.

补肾温通法治疗糖尿病合并腰椎间盘突出症 8 例

广东医学院附属医院中医科　洪杰斐

本文总结了用补肾温通法治疗Ⅱ型糖尿病合并腰椎间盘突出症 8 例。男 1 例，女 7 例。年龄 44～63 岁。方用肾气丸合当归四逆汤。处方：熟地 15 克，熟附子 10 克，淮山药 20 克，丹皮 10 克，山茱萸 15 克，泽泻 10 克，伏苓 15 克，当归 10 克，赤芍 10 克，桂枝 10 克，细辛 3 克、木通 10 克，炙甘草 10 克，大枣 15 克。并辅以腰椎牵引，针灸，按摩治疗。8 例病人中显效 5 例，有效 3 例。本人通过临床观察和治疗认为糖尿病合并腰椎间盘突出症患者大部分为肾阳虚型。机理是肾阳虚衰，血虚寒凝，治疗上应着重补肾温通。并认为糖尿病导致体内脂肪代谢紊乱，引起小血管硬化，影响局部血液循环，进而影响椎间盘营养，对已有变性的椎间盘，造成进一步损伤而发生椎间盘突出。而糖尿病患者出现下肢麻木、疼痛时，除考虑并发周围神经炎外，还应考虑合并腰椎间盘突出的可能。

Management of the Diabetes Complicated with Prolapse of Lumbar Intervertebral with the Therapy by Invigorating The Kidney and Activating Yang: Report of Eight Cases

Hong Jiefei
Guangdong Medical College of TCM

In this artical, we treated the eight cases of diabetes complicated with prolapse of lumbar intervertebral disc with the therapy of invigorating kidney and activating yang. The patients' age ranges from fourty—four to sixty—three years old, one case is male, the others are female. The regimen is composed of Shen Qi Wan and Dang Gui Si Ni-Tang, such as prepared aconite root 10g, prepared rehmannia root 15g, Chinese yam 20g, root—bark of peony 10g, Chinese angelica 10g, cassia 10g, wild ginger 3g, etc. Meanwhile the patients were also treated with lumbar—traction, acupuncture and massage. The results showed all of the patients were effectively treated with the regimen.

According to the differentiation of symptoms and signs, most cases in this study were deficiency of kidney -yang. The pathogenesis may be owing to the deficiency of kidney—yang and blood, and cold—evil gathering in the channels.

Therefore the therapeutic principle must invigorate the kidney and activate yang. In the clinical practice, if the patient develops numbness and pain of the lowerextremities, it is noted that the patient may be complicated by peripheral neuritis and prolapse of lumbar intervertebral disc. Thus, we would distinguish them and prescribe a suitable regimen for patients.

五皮五藤饮加减治验一例消渴病并发全身皮肤瘙痒症

中央党校医院　张翠卿　王萍萍

1 例为消渴病并发全身皮肤瘙痒症。临床上消渴病性瘙痒并非少见，大约占 27.5%左右。临床用赵老之五皮五藤饮加减治疗消渴病性皮肤瘙痒症，乃取其异病同治之义。《诸病源候论》消渴候篇："……体虚热而荣卫痞涩故也"，又说："热扰未尽，发于皮肤，实有风湿热相搏，所致瘙痒"。可见，临床上只要病机相同，临证加减，灵活运用，亦可取得满意之效果。

A Report of Diabetic Cutaneous Pruritus of the Whole Body by " Five Barks and Five Stems Decoction"

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This case is of cutaneous pruritus of the whole body caused by diabetes. Not seldomly seen is diabetogenous pruritus in clinic. In clinic the " five barks and five stems decoction" of Zhao Bing Nan is used to treat diabetogenous cutaneouspruritus by the modified recipe, which is called " treating different diseases with the same method." 《Gereral Treaties on the causes and Symptoms of Diseases》in which the chapter of diabetes says:" Heat still disturbs the skin, The conflict of wind, dampness and heat finally leads to itching". So as long as pathogenesis are the same, the same method by the modified recipe may achieve the satisfied effects.

试论糖尿病人的教育

四川省达川地区中西医结合医院　袁茂熙　李竹徽

糖尿病（DM）属于终生性疾病，因其病势缠绵，病程漫长，并发症多且不易控制以及难以根治等特点，必须引起 DM 患者及社会各界的足够重视与高度警惕。必须充分调动各方面的积极性，加强对 DM 患者的教育，提高全社会对 DM 的了解，以利协作配合临床医疗工作，保证 DM 的临床诊治。笔者结合近年来在对 DM 的临床诊疗研究中积累的经验，多方面论证了对 DM 人教育的重要性、必要性以及社会性。并从生物——心理——社会医学模式等多个角度出发，分析了对 DM 人教育的着手点。提出了在对 DM 人教育中要：①、使 DM 人正确认识和对待 DM。②、合理安排 DM 人的学习、工作及生活。③、加强防治 DM 的技术指导。对于 DM 患者日常生活保健，笔者有针对地要求 DM 人注意个人起居卫生，忌饮酒及婚姻与家庭。总之，对 DM 的宣传与防治是一个庞大的社会工程，因此，笔者更强调社会参与关心 DM 人的工作与学习的必要性，详细全面地对 DM 人的教育进行了论述。

A Discussion on The Education of The Diabetics

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Diabetes mellitus (DM) is a kind of life—long chronic disease. It cancause a lot of complicating diseases. It is very difficult to control and radically cure DM, so not only the diabetics, butalso the whole society should pay much attention to this disease and be highly vigilant to it. We must fully mobilize all positive factors, strengthen the education of the diabetics and give the whole society more correct information about DM, so that we cooperateto carry out the clinical treatment of DM, and try toget the best clinical results.

On the basis of the experience of rsearch on the clinical treatment for DM, which has been carried out in recent years, the writer discusses about the importance, the necessity and thesociality of the education of the diabetics in various aspects. From the point of view of the mode of Organism—Psychology—Sociomedicine, the writer also analyzes the starting point of the education of the diabetics. This paper proposes the following three principles in the education of the diabetics:

1. Making the diabetics have correct knowledge of DM and treat the disease correctly.
2. Reasonably arranging the diabetics' schedule of studying, working and living.
3. Strengthening the technical instruction of the prevention and the treatment of DM.

As to the daily life and health measurement of the diabetics, the writer requests that the diabetics should not smoke, should not drinkwine, but should pay more attention to personal hygience. marrige and family. In a word, the prevention, the treatment and the propaganda of DM is a huge social engineering. So this paper emphasizes the necessity of the whole society to participate to care about the study and work of the diabetics, and gives a detailed and thorough exposition of the education of the diabetics.

消渴病的饮食疗法

解放军临潼第二疗养院　冯　凌
解放军青岛空军疗养院　李玉林

消渴病是以伤肺损胃或泄精累肾所致，以损及肺、胃、肾不同分为上、中、下三消。该文从饮食角度阐述了食疗原则、饮食禁忌，并针对上、中、下三消病机、分列食疗处方，上消者烦渴多饮，口干舌燥，治则为润肺清热、生津止渴的食物治之；中消者多食善饥，体瘦喜饮，治则以清热泻火，养胃生津的食物治之；下消者尿频量多，混浊如脂，治则以滋阴固肾的食物治之。

Diet Therapy for Xiao Ke Disease (Diabetes Mellitus)

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Li Yulin
P. L. A Qing Dao Airforce Sanitarium, Shan Dong Province

Diabetes mellitus occurs based on the deficiency of lung—yin, stomach—yin or kidney essence. According to clinical manifestations of the patients, diabetes mellitus can be divided into the upper, the middle and the lower three Xiao in Traditional Chinese Medicine (TCM).

This paper describes certain principle of dietotherapy and diet restriction for the diabetics. We offered some prescription of diet depend on the mechanism of diabetes mellitus.

Diabetes involving the upper—Xiao: Restlessness, polydipsia, drynessof the mouth and tongue.

Therapeutic principle: nourishing the lung—yin and clearing away pathogenic heat, promoting the production of body fluid and relieve thirst.

Diabetes involving the middle Xiao: polyphagia with tendency to hunger, polydipsia, emaciation.

Therapeutic principle: promoting the production of body fluid and nourishing the stomach and clearing away pathogenic heat—fire.

Diabetes involving the lower—Xiao: polyuria with turbid discharge.

Therapeutic principle: nourishing yin and supplementing the kidney.

论糖尿病药膳食疗原则

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饮食疗法乃目前国内外公认的糖尿病的一项基础治疗，适用于糖尿病任何临床类型的任何阶段。药膳是在中医理论指导下融药食于一体的特殊饮食。为中医治疗特色之一。但目前对糖尿病饮食疗法和药膳疗法的曲解误用甚多，本文试从科学合理、定量定餐、辨证施膳、清淡低盐四个方面阐述糖尿病药膳食疗的基本原则。强调指出药膳食疗既要考虑辨证配餐和治疗的需要，也应重视各种药膳、疗效食品的热量计算问题，熟知食性、药性及其相互关系，给患者以正确的膳食指导。

On The Principle of a Remedy for Diabetes by Medicated Diet

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Dietary treatment is now worldly recognized as a basic remedy for diabetes. It can

fit for the cure of diabetes of any clinical types and any period. As a typical cure of the Traditional Chinese Medicine, the treatment of medicated diet is using a special kind of diet mixed with medication under the direction of the theory of Traditional Chinese Medicine. However, nowadays, there are much misunderstanding and inappropriate application of this method. The essay aims at Clarifying the basic principles for the treatment of diabetes by medicated diet in four aspects:

1. Food of scientific rationalization.
2. Fixed meal with fixed amount.
3. Diet taking with syndrome differentiation.
4. Vegetable with less salt.

What should be stressed are various kinds of Medicine and diet, the problem of calculation of heat of the effective foods, a clear knowlegeof the property of the food and medicine and their relations and a good direction to the patient for the diet.

糖尿病饮食治疗 30 例临床观察

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本文对 NIDDM30 例采用糖尿病食谱和药膳治疗，通过两年临床观察结果：1. 对无症状型 10 例，单纯用饮食治疗，取得明显的疗效，血糖稳定在 6—7mmol/L。2. 对肺胃燥热型 10 例，经过饮食治疗后，使原来所用降糖药物的剂量大为减少，有 4 例停药。观察一年，该组患者的血糖保持在正常范围。3. 对肾阴亏虚和阴阳两虚型共 10 例，给予降糖药物治疗的前提下，坚持饮食治疗，血糖控制在 7—8mmol/L。防止和延缓了并发症的发展。饮食治疗对该型能起到重要的辅助治疗作用。

The Clinical Investigation of 30 cases of DM cured by dietotherapy

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30 cases of NIDDM (Non—insulin—depending Diabetes Mellitus) who werecured continuously by dietotherapy for two years was observed in thispaper, using this method which contained both medicated food and recipeof DM, we found the results as follows:

1. It had significant effectiveness to the patients who had nocomplaints and whose fasting blood—glucose were over 7 mmol/l, theblood—glucose of 10 cases was stable andin the rang of 6—7 mmol/l.

2. 10 cases of the syndrome of dryness—heat of the lung and thestomach whose fasting blood—glucose was over 13 mmol/l were found eminent efficacy during curation, the hypoglycemic agent ofall the patients were reduced correspondingly.

3. 10 cases of the syndrome of deficiency of kidney yin or both yin and yang deficiency, most of which have complication, also acquired somewhat effectiveness. All the patients cured by this method had astable fasting blood— glucose of 7—8 mmol/l, during the curation notonly hypoglycemic agents were reduced but also the complications were reduced and inhibited.

中药膳食治疗Ⅱ型糖尿病的临床探讨

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运用中药膳食方法对59例Ⅱ型糖尿病患者进行了临床观察。临床分肝郁脾虚、脾虚湿盛、气虚血瘀三型，以药膳配合辨证施治。经过60天的临床观察，血糖与疗前相比显著降低，临床症状明显改善，总有效率为88.1%，降低血糖总有效率为89.8%，24小时尿糖定量有效率85.2%，经统计学处理有显著性意义（P<0.01）。同时还有明显的降脂作用。提示中药膳食治疗Ⅱ型糖尿病是一种安全有效的方法。

Clinical Investigation on Type Ⅱ Diabetics Treated withMedicated Meals

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59 cases of type—Ⅱ diabetics treated with medicated meals were studied. On the basis of symptom—sign differentiation and treatment, diets reasonably combining with chinese medicine were applied to type Ⅱ diabetics on three clinical classification, including depression of the liver and deficiency of the spleen, deficiency of the spleen and domination of evil wetness, deficiency of qi (vital energy)and blood stasis. In two months diabetic symptoms including polydipsia, polyuria and hyperphagia in 59 patients were improved. The total effective rate of diabetic symptoms was 88.1%. The effective rate on the level of blood sugar, 24—hour quantitative test for glucose in urine were 89.8% and 85.2%, respectively. These results reached to statistically significant level (p<0.01).

In addition, the effect of decreasing plasma liqid was significant. These results suggest that medicated meals may be a very safe and effective methodfor diabetics.

糖尿病治疗原则及饮食疗法食品交换简介

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糖尿病是由于体内胰岛素缺乏或胰岛素的靶细胞不能发挥正常作用而引起糖、蛋白质、脂肪代谢紊乱的一种综合病症。糖尿病病人要自己掌握糖尿病知识，实行自我控制。在治疗上要充分发挥控制饮食，运动锻炼及中西药物治疗。饮食疗法系属基础治疗，糖尿病病人的饮食应当是定量平衡饮食，使各种营养素符合要求，具体的做法是采用膳食总热量计算及食品交换份来调配。所谓食品交换份是将

各种食品按每份提供90大卡的重量为一份，而主食半两米作为一个交换份，这样主副食之间在总热量不变的基础上可以自由交换。食品交换法的优点是：1. 易于达到平衡饮食，符合多种营养素的要求。2. 能做到食品多样化，食品可自由选择，避免饮食单调，使患者感到进餐是一种享受，而非是负担。3. 利于灵活掌握，可在总热量范围内灵活交换使用。具体的做法根据病人的身高体重，计算出总热量，再查表即可自制出丰富多采的食谱。

A Brief Introduction of Dietary Treatment and Food Exchanging List

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Diabetes mellitus is a syndrome of metabolic disorder of glucose, protein and fat due to deficiency of insulin or insulin resistance. The patient should be treated with medicine integrated with diet and exercise. Diet is the basis of treatment, which should be balanced of fixed quantity. The concrete method is to exchange food according to the total quantity of heat. The food producing 90 kilo calorie is named as apart of exchange food. As 15g rice is equal to a part of exchange food, the carbo hydrate can be freely exchanged for non—carbo hydrate food at the unchanged total quantity of heat. The advantages of exchanging food are (1) apt to form balanced diet and satisfy patient's demand of multiple nutrient, (2) freely selecting various food and avoiding simple food.

云南澄江仙湖牌藕粉在糖尿病中的食疗作用

云南澄江县藕粉厂　陶　良　速有能　温润泉　申天寿　邓思达

仙湖牌系列藕粉对糖尿病有理想效果，经临床验证，与单纯药物组比较，有显著差异。肺热津伤用仙湖牌纯质藕粉，胃热炽盛用仙湖牌旅游（速溶）藕粉，肾阴亏虚用仙湖牌高级营养藕粉，阴阳两虚用仙湖牌八珍藕粉，肥胖痰湿用粗质藕粉。合理选用各种型号的仙湖牌藕粉，能对各型糖尿病都收到十分理想的食疗作用。

The Dietary Therapeutic Effect on Diabetics of Xianhu Brand Lotus Root Starch

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The series of Xianhu Brand lotus root starch had got an ideal curative effect on diabetics proved by a clinical trial. The purified Xianhu lotus root starch can be applied to the type of impired body liquid due to lung heat the touring Brand applied to the type of

exuberant stomach heat .

The higher grade nutritional brand applied to the type of deficient kidney Yin the eight—treasure brand applied to the type of deficiency of both Yin and Yang. The rough lotus root starch applied to the type of obese phlegm wetness.

糖尿病人的心理护理及饮食指导

辽宁省凌源市第一人民医院　王凤英　浦建玲

本文论述了糖尿病心理、饮食护理在其治疗中的重要性。强调做好糖尿病人的思想工作，协助病人了解该病的规律，树立与疾病斗争的信念，经常与患者谈心，了解患者心理状态，帮助排除不良情绪和负担。让病人保持开朗、平稳的情绪。饮食上给予粗纤维含量高的食品，并适量进食豆类、鸡蛋、瘦肉等副食，控制饮食，禁食辛辣、糖类食品。同时要求护理人员要多学些医学基础知识，学好医学心理学，配合医生工作，促使糖尿病患者早日康复。

How to Nurse the Psychology and Diet of Diabetic Patients

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It is important to nurse the psychology and diet of diabetic patients correctly while they are treated. It is necessary to doideological work on patients well and help them to know about the knowlege of the disease. Doctors and nurses must encourage patients to fight against their disease unremittingly and need to have heart—to—heart talks with them. Patients' psychology must be known that they should be helped to get rid of the load on their minds.

They must keep sanguine and have calm emotion. More food rich in thick fibre should begiven to patients. They ought to be abstemious in eating and drinking suitable.

运用气功点穴按摩功法治疗Ⅱ型糖尿病10例

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糖尿病相当于中医之消渴病。西医学认为该病是由于胰岛素分泌绝对或相对不足而致。中医学则认为是由禀赋不足、五脏虚弱、饮食不节、过食肥甘、情志失调，过极化火伤津以及劳欲过度等因素，导致阴虚燥热，脾肾不足，湿阻血瘀而引起。当今全世界约有1.2亿糖尿病人，中国的发病率已由10年前的0.67%上升到1—2%左右，目前已有糖尿病人1200万以上。在发达国家糖尿病已被列入危害人类健康的第三大疾病。然而至今此病尚无根治疗法，仍然是所谓的“终身性疾病”。近年来，中医中药治疗该病已显示出了优势。笔者在原口服降糖中西药基础上配合“糖尿病气功点穴按摩功法”，经试用于临床疗效尚属满意。整理了资料较为完整的10例。显效6例，有效4例，由于病例较少，今后确

需积极开展临床工作，积累资料，进一步证明气功点穴按摩结合治疗糖尿病的确切疗效，并积极探讨其机理。

Ten Cases of Type Ⅱ Diabetes Treated with a System Qigong, Pressing Acupoint and Massage

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Diabetes is the same as the disease with the symptom of frequent drinking and urination in the Traditional Chinese Medicine. Accordingto the Western medicine, it is caused by absolute or relative lack of insulin. While according to the Traditional Chinese Medicine, it is because of in sufficiency, heat and dry of body fluid, the weakness of spleen and kidney, dampness and extravasated blood ect. caused by facts of lacking natural endowment, being weak in the five internal organs, being not temperate in diet, overeating fat and sugar, having imbalance feeling, over working and urging (sexual desire). Diabetes now is regarded as the third serious disease that endanger the health of the human being. However there is no radical cure for it, and still it is a kind of life—long disease. In recent years, the treatment of traditional Chinese medicine has gradually showed the superiority. A system of deep breathing exercises, touching acpoint and massotherapy also has showed their advantage at the same time. Now the author tried to create" the treatment for diabetes by using a system of deep breathing exercises, touching acupoint and massotherapy" with the helpof private experience. It is satisfactory in clinical practice. Of ten cases 6 are quite effective, 4 are effective. Because of few cases, it is necessary to develop clinical practiceto accumulate information and to testify the effectiveness in treating diabetes by using system of deep breathing exercises touching acupointand massotherapy. It is also necessary to explore it's mechanism.

糖尿病的推拿疗法初探

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糖尿病是一种常见的内分泌代谢病，在祖国医学中糖尿病属消渴症的范畴。糖尿病的临床治疗可分为中医治疗、西医治疗和中西医结合治疗，但目前还缺少特效的治疗方法。

推拿治疗糖尿病有经济简便、无针药之苦、适应症多、疗效明显又无副作用等特点，但目前尚缺少介绍推拿治疗糖尿病的书籍和文章，近年来，一些中医专家探索用推拿治疗糖尿病的新路子，我们在临床实践中尝试用藏福科教授根据自己多年来的临床经验独创的治疗糖尿病的新方法，取得了明显的疗效。接受治疗的患者在治疗过程中都有程度不同的药量减少、直至停用药物，空腹血糖浓度比治疗前下降大约 34％（80mg/dl）左右。同时临床症状明显改善，甚至消失。疗效证明，推拿疗法是糖尿病的重要辅助疗法，这种疗法有可能解除糖尿病患者对药物的长期依赖性和对药量逐渐增多的趋势。

推拿疗法可直接刺激胰脏引起共振，也可刺激有关穴位再通过经络传导反射到胰脏，达到润养胰脏，调整胰脏功能的目的，同时具有调和经络，疏通气血，起到活血化瘀的作用，达到治疗目的，这与近年来通过活血化瘀治疗糖尿病的理论也相吻合。

Preliminary Studies on he Treatment for Diabetes by Massotherapy

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Diabetes is a kind of endocrine and metabolic disease owing to the low function of the pancreas, an organ in the human body. According to the principle of TCM, diabetes mellitus is included in diabetes. Clinically, the treatment for diabetes can be divided into three categories—Western medicine treatment, TCM treatment and the combined treatment of TCM and western medicine, but now there is still no radical treatment for it.

Massotherapic characteristics are economical, simple and convenient, safe, effective, comfortable, harmless and free of side effect, andmassotherapy has many indications. But now we are still short of books and papers about the treatment for diabetes by massotherapy. In the recent years, some experts of TCM have been studying the new treatment for diabetes by massotherapy. Professor Zang Fuke has developed a setof treatment for diabetes by massotherapy on the basis of his clinical experience for many years. In clinical practice, we try to treat diabetes by massotherapy and have achieved great success. During the treatment, all of the patients received massotherapy reduce their medicine in different degrees, some even stop taking the medicine. The blood sugar on an empty stomach is lowered about 80 mg/dl (34%). In the meantime. the patients are on the distinct mend in clinical symptoms. which even disappear on some patients. These therapeutic effects show clearly that massotherapy is an important assistant treatment for diabetes. And it is possible that the treatment can remove the patients'dependance on the medicine for a long period of time.

Massotherapy can directly stimulate pancreas to cause resonance and can reflect on the pancreas by stimulating acupoint and through the conduction of channels and collaterals in order to nourish the pancreas and to improve the function of pancreas, to regulate the function of channels and collaterals, and to dredge Qi and Blood. The free circulation of Qi and blood can eliminate blood stasis. therefor, massotherapy can treat diabetes. This is identical with the theory of treatment for diabetes by eliminating blood stasis.

中国武当中和功（行功）治疗糖尿病疗效观察

北京海淀区紫竹院潘庄85号　周金富　纪新华总结

本文总结了在河北、河南两省六个城市参加中国武当中和功行功治疗糖尿病学习的183位糖尿病患者的调查情况，提出糖尿病发病的根源在于肾、命门及元气三者的失衡、衰退与虚损。观察了练功七天、一个月及三个月空腹血糖、尿糖的变化情况，其血糖恢复正常的百分率分别为27.08%，55.81%和85%，尿糖恢复阴性的百分率为22.91%，46.51%和80%。

Observation on Diabetes mellitus Treatment with Chinese Wudang ZhongHe Gong (Moving Style)

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183 patients with diabetes, who came from six cities of Hebei and Henan province, were investigated during our special movement training with Chinese Wudang Zhong—he Gong (moving style), the art and techniques of traditional Tacist health preservation. The imbalance of kidney yinand yang, the decline of the fire from the vital gate and the deficiency of inborn Qi or genuine Qi are proposed to be three fundamental causes for the development of Diabetes mellitus. The observations on the special movement training for 7, 30 and 90 days showthat (1) the percentage of the fasting blood glucose reduction to the normal level are 27. 08, 55. 81 and 85, respectively; (2) the percentageof the disappearance of the fasting urinary glucose are 22. 91, 46. 51 and 80, respectively.

抗消渴抗衰老延年益寿康复操

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笔者多年的临床经验，以经络学为纲，摸索制定了一套有十个动作，以手指代表银针，通过对眼、耳、口鼻、喉、头面、躯干、胸腹、四肢等特定穴位进行针、叩、推、按摩等形式的综合运用，使消渴病及中老年人掌握一套行之有效的健身法。长期坚持锻炼，可起到抗消渴、抗衰老，延年益寿的作用。具有一定的保健和医疗价值。

Anti—diabetes, Anti—senility, Prolong Life and Rehabilitation Exercises

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In the light of many years' cinical experience, I tried to find outand laid down a set of gym—exercises, consisting of ten movements which takes the theory of man's channels as the key link. The exercises replace silver needles by fingers, with which make an acupuncture, percussion and massage to some specified acupoints, such as eyes, ears, mouth, nose, throat, head, face, trunk, chest and abdomen, and limbs. By means of these comperehensive applying, the diabetic, the middle — aged, and the old as well would have agood set of effective gym method, which has definite keep— fit and medical value.

To take up a long—term training can play a role of antidiabetes, anti—senility and prolonging life.

糖尿病的行为疗法

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指导：陈　晶

本文简要论述了糖尿病行为疗法的基本内容并对其推广应用做了扼要评价。认为糖尿病的行为疗法包括加强糖尿病患者的教育，调查引起不良情绪的原因，矫正不良生活方式，使用生物反馈疗法及规范传统疗法（饮食控制、运动疗法和口服降糖药）。尽管糖尿病行为疗法可以加速病人康复并提高疗效。但是由于目前多数医生多习惯于生物医学模式，且缺乏心理学知识和应用技术，所以本疗法的推广应用还有许多工作要做。

Diabetic Behavior Therapy

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This assay mainly expounded the basic content of diabetic behavior therapy and made a simple evaluation of its introduction. It was suggested that diabetic behavior therapy ought to be composed of the following aspects: strengthened the education of patients with diabetes; investigated the reasons that were caused unhealthy emotion; modifiedthe bad lifestyles; used biofeedback therapy and standardized the traditional therapy including diet control, sports therapy and administration of medicine. Diabetic behavior therapy can speed the recovery of the patients and heightened the therapeutic effect. At present, in China, however, the introduction and application of thetherapy still has a long way to go because most of doctors lack psychic knowlege and techniques, and has got used to traditional biological medicine model.

糖尿病及其慢性并发症

中医防治的有效途径——养生与意疗

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本文应用中医学、中医心理学、现代心身医学阐述了中医的养生和意疗是防治糖尿病（DM）及其慢性并发症的有效途径。糖尿病人情志、精神、社会心理因素对其病情的稳定或恶化及并发症出现的早晚有直接的决定性的作用。糖尿病为终生疾病，患病后需终生治疗，但有的降血糖药物不利于预防并发症，而中医药配合中医养生与意疗在防治并发症方面有更大的优势。糖尿病的中医意疗必须是在饮食及药物治疗的同时进行，并配合适当的运动、体育、气功疗法等。单纯的中医意疗是不够的，把中医的养生及意疗的方法寓于临床的躯体治疗、药物治疗及饮食治疗中，可以收到可靠的效果。

The Effective Traditional Chinese Medical Prophylaxis and Treatment of Diabetes and Its Chronic Complications

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Applying traditional Chinese Medicine, traditional Chinese medical psychology, modern and mental medicine, this paper expounds that health preservation and psychotherapy in traditional Chinese medicine is important effective prophylaxis and treatment for diabet and its chronic complications. It is concluded that as for diabetes patient the emotional, aspiring, mental, psychological and social factors play a direct and decisive role insteading or exacerbating his condition and accelarating or postponing complications appearance. A diabetic patient deserves life—time treatment for his life—time diabetes.

Some hypoglycemic agents maycause neurovascular complications on which Traditional Chinese Medical treatment has obvious advantages.

To treat diabetes , the psychotherapy in Traditional Chinese Medicine must be coordinated with alimentation and pharmacotherapy with appropriate physical exercise therapy, qigong therapy, etc. Mere psychotheapy in Traditional Chinese Medicine is unsatisfactory. However, the complex psychotherapy, which is to integrate health preservation and psychotherapy in Traditional Chinese Medicine with clinical body treatment, pharmacotherapy and alimentation, may achieve reliable effect in treating diabetes.

糖尿病的辨证施护

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本文结合临床护理实践，从密切观察病人体重、尿量、尿糖、饮食变化，保持清洁卫生、科学合理安排饮食及生活，给予精神护理四方面阐述了对糖尿病病人的常规护理，并运用中医辨证的整体观，重点论述了阴虚燥热型、气阴两虚型、阴阳两虚型糖尿病的辨证施护，及实行用药对症、情志、饮食、运动并重的全面护理。

Nursing of DM According to Syndrome differentiation

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The author illustrated the routine nursing of diabetic from the viewof observing the patient's body weight, volume of urine, urine glucose, diet variation, keeping clean, and paying attention to psychological status. The nursing according to syndrome differentiation, such as the syndrome of Yin deficiency and dryness heat the syndrome of both Qi and Yin deficiency, the syndrome of both Yin and Yang deficiency, is also dealt with from TCM concept of wholism.

糖尿病的心理护理

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糖尿病是由于体内胰岛素缺乏或胰岛素靶细胞不能发挥正常功能而引起糖，蛋白质及脂肪代谢紊乱的综合病症，Ⅱ型糖尿病多无明显症状，相当部分病人是通过体检或出现心脑、肾等合并症时才被发现，糖尿病须终生治疗，病情变化多端，病人心理负担大，加上各种不良因素刺激可加重病情。心理障碍主要表现为：焦虑不安，悲观失望，不知如何控制自己的饮食。因此，在临床护理中要主动接近病人，要了解他们的理想，理解他们的心理，明白他们的需要，帮助解决后顾之忧，以诚挚的微笑，和蔼的语言，商量的口吻询问病人，让病人感到自己的地位，医护的关怀，从而消除患者的忧愁和不安，充分调动主观能动性，配合治疗，定期组织学习，让病人尽快掌握糖尿病知识及明了控制饮食的重要性。并能自制糖尿病食谱，使糖尿病人能自控自己。

The Psychological Nursing of Diabetic

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DM should be treated lifelong, the condition is changable, the psychological load is heavy, lots of vicious stimulating factors may attenuate the disease. The psychological disturbance of diabetics is appeared like: anxiety, pessimism, no awareness of diet restriction.

Their thought and necessity should be well understood. Their anxiety should be relieved. Their activity in realizing the disease and cooperating with the doctor should be encouraged. While attaching the patient, we should make the patient feel they are equally treated and sympethatially concerned. It's very important to encourage the patientsto study the knowlege of DM. The diet should be arranged and controlled by themself.

糖尿病性低血糖昏迷的护理

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糖尿病性低血糖昏迷是糖尿病的一种急性并发症。多由用药过量、延迟进餐、劳累、酗酒等因素诱发。其发病急骤，病情重笃，甚至危及生命。我院从 1986 年 5 月份至 1992 年 12 月份，共有 9 名患者 25 次发生低血糖昏迷，因发现及时，抢救得力，护理得当，病人均完全恢复。我们体会是发作期时：1. 一旦发现病人发生昏迷，即应严密观察其生命体征及瞳孔的变化，详细记录，及时报告医生。2. 及时抢救，医生不在位时，迅速给予 50％葡萄糖 40—60ml 静注。及时治疗是抢救成功的关键。3. 按昏迷常规护理。4. 恢复期护理：①恢复体力。②避免再昏迷。③复查血糖。④加强预防措施。⑤心理护理。

The nursing of diabetic hypoglycemic coma

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Diabetic hypoglycemic coma is an acute complication of DM. Majority of the cases are induced by excessive takingof hypoglycemic agents, delay of meal, fatigue, over drunketal. Its onset is quite emergent and serious, even threatening to life. We observed 9 cases for 25 times ofcoma. All recovered entirely due to prompt discovery, efficient salvage and adequate nursing. Stage of attack. The vital signs and pupils should be observed closely and recorded in detail. The doctor should be informed in time. If the doctor is absent, the 50—60 ml of 50% glucose should be i. v. injected immediately. The main point of a successful salvage is apromptttreatment.

In stage of recovery: The strenth should be regained. Recurrent coma should be avoided. The blood sugar should be tested repeatedly. The prevention should be emphasized. The psychological nursing should be payed attention to.

糖尿病并发水疱疮的护理体会

辽宁省凌源市第一人民医院　浦建玲　邢光明

糖尿病导致水疱疮是发生于糖尿病患者四肢末端及循环不良部位的皮肤合并症，也是诱发肢端坏疽的危险因素。自 1990 年以来，我们收治糖尿病患者中并发水疱疮的 8 例。在积极治疗原发病的同时，加强局部及全身护理，调节饮食，外用金银花，地丁等量，水煎，温药浸泡患处，每次 5 分钟，每日 3～5 次。8 例患者采用上述护理措施，无一例出现感染，均获痊愈。

The Understanding in Nursing Diabetes Complicated by Blister

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The diabetic blister is that the skin mergence that happens to a diabetic patient's four limbs and the wrong parts of bad circulation. It is also the dangerous factors that bring out the gangrene at the end of legs and arms. We have taken in 8 cases of diabetes complicated with blister since 1990. We strengthened nursing some parts and whole body, adjusting food and drink. And at the same time we cooked the same amount of honeysuckle and viola yedoencis made with water and soaked the affected parts in the warm soap five minutes once, 3 to 5 times a day . The above has been done to the 8 cases and no one has infected. They all recovered from blister.

糖尿病验案 2 例

河南省西平县中医院　敬满芳　张玉功

本文报告了两例消渴病（糖尿病）治疗经过，认为其病机关键为阴亏，阴亏则火旺，火盛阴更伤，互为因果．治法强调养阴为主。胃热炽盛，宜清胃养阴：知母、生石膏、麦冬、生地、五味子、生军、枳壳、公英、沙参。肺肾阴虚，虚火灼津，宜滋养肺肾，清热保津：黄芪、沙参、麦冬、花粉、丹参、山药、丹皮、旱莲草、女贞子、生熟地。

Treatment Experience of two Cases of Xiao Ke Disease

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The writers sum up that cardinal pathogenesis of Xiao Ke disease is yin—deficiency. so the therapeutic method is mainly nourishing yin. The patient in excessive stomach—heat, ought to clear away the heat—evils of the stomach and nourish yin: Rhizoma anemarrhanae, Gypsum, Qphiopogon, Rhubarb, Fructue Auranfil, Herba Taraxaci, Radix Glehniae. The patient in consumption of body fluid by yin—deficiency of both the lung and the kidney's asthenic fire, ought to nourish the lung kidney. clear away heat and retaining yin withAstragulus root. Glehnia root. Qphiopogon root.

Radix Trichosanthis Radix salviae miltiorrhizae, Rhizoma Dioscoreae Moutan Bark. Harba ecliptae, Fructus ligustri lucidi. Dried and Prepared Rehmanhia root.